How to Meet the Challenges of ICD-10-PCS Spinal Fusion Coding
Spinal Fusion is a surgical procedure whereby two or more vertebrae are fused to correct problems with the spine. The vertebrae can be fused using bone grafting, genetically engineered bone substitute, and metal devices.

<table>
<thead>
<tr>
<th>Fusion</th>
<th>Definition</th>
<th>Explanation</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>G</td>
<td>Joining together portions of an articular body part rendering the articular body part immobile</td>
<td>The body part is joined together by fixation device, bone graft, or other means.</td>
<td>Spinal fusion, ankle arthrodesis</td>
</tr>
</tbody>
</table>
Vertebrae are irregular-shaped bones that form the spinal column, the protective bony covering over the spinal cord. Each Vertebra includes a vertebral body that surrounds the spinal cord to protect it in the front. The Spinous process and the pedicle protect the spinal cord in the back.
The **vertebral column** is made up of cervical, thoracic and lumbar, sacrum, and coccyx.

- **Cervical (C1-C7)**
- **Thoracic (T1-T12)**
- **Lumbar (L1-L5)**
- **Sacrum (5 fused)**
- **Coccyx (4 fused)**

A **vertebral joint** is the intersection of two vertebrae. This joint is described by using the names of the two vertebrae on either side, separated by a dash, such as C4-C5 or L1-L2.
The space between two vertebral bodies is also called the intervertebral space and contains the **Intervertebral disc**. The Disc acts as a shock absorber between the vertebrae as they move. Vertebral discs are documented in the same manner as intervertebral joints, such as L1-L2.
Building Blocks of the Spinal Fusion ICD-10-PCS Code

<table>
<thead>
<tr>
<th>Section</th>
<th>Body System</th>
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<th>Body Part</th>
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<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>S/R</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
The adult human body has 206 bones and over 250 joints. The Medical and Surgical Section of ICD-10-PCS does not classify bones in the traditional anatomical divisions of the skeleton. Bones and Joints are classified into the following Body systems:

- Head and Facial Bones
- Upper and Lower Bones
- Upper and Lower Joints

Building PCS Spinal Fusion codes you will only use two Body systems Characters

- **S**-Lower Joints (lumbar, sacral, coccyx)
- **R**-Upper Joints (cervical, thoracic)
**Body System: Upper Joints**

- **Upper Joints** in ICD-10-PCS are defined as the joints above the level of the lumbar vertebrae, plus the upper extremities. Cervical to Thoracic use Table 0RG-
Lower Joints in ICD-10-PCS are defined as joints of the lumbar vertebrae and below, plus the lower extremities. Lumbar and sacrum/coccyx use Table 0SG-
# Building Blocks of the Spinal Fusion ICD-10-PCS

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</tr>
</tbody>
</table>
Character 3: Root Operation G

**Spinal Fusion = Root Operation G**

**Definition of Fusion:** joining together portions of an articular body part rendering the articular body part immobile
Building Blocks of the Spinal Fusion ICD-10-PCS

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</table>
Coding Guideline B3.10a
The body part coded for a spinal vertebral joint(s) rendered immobile by a spinal fusion procedure is classified by the level of the spine (e.g., thoracic). There are distinct body part values for a single vertebral joint and for multiple vertebral joints at each spinal level.

Coding Tip: When coding spinal fusions. It is important to understand that the PCS Body Part values are classified as joints (C1-C2) and not by each individual vertebrae.
A Spinal fusion is done at L1-L2
- 0 = Lumbar vertebral Joint (single) or one joint
A Spinal fusion is done on L1-L3
- 1 = Lumbar Vertebral Joints, 2 or more joints.
### Building Blocks of the Spinal Fusion ICD-10-PCS

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<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Three options for assignment of Approach on Spinal Fusion procedures:

- **Open** - *cutting through the skin or mucous membrane* and any other body layers necessary to *expose* the site of the procedure.
  - Open approaches are exposed to *Direct visualization*.

- **Percutaneous** - Entry, by puncture or small incision, using *instrumentation* through the skin or mucous membrane and any other body layers necessary to reach the site of the procedure.
  - Guideline B.54 status procedures performed via a device placed for the procedure are coded to approach percutaneous.

- **Percutaneous Endoscopic** - Entry, by puncture or minor incision, using *instrumentation* through the skin or mucous membrane and/or any other body layers necessary to *reach and visualize* the site of the procedure.
# Building Blocks of the Spinal Fusion ICD-10-PCS

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</tbody>
</table>
Character 6: Device Options

- 4 Internal Fixation Device
- 5 External Fixation Device
- 7 Autologous Tissue Substitute
- A Interbody Fusion Device
- 1 Synthetic Substitute
- K Nonautologous Tissue Substitute
- Z No Device
Device Hierarchy

Interbody Fusion Device

Autologous Tissue Substitute

Nonautologous Tissue Substitute

Always refer to the coding guidelines when assigning hierarchy
Combinations of devices and materials are often used on a vertebral joint to render the joint immobile. When combinations of devices are used on the same vertebral joint, the device value coded for the procedure is as follows:

<table>
<thead>
<tr>
<th>Device Type</th>
<th>How to Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interbody fusion device is used to render the joint immobile (alone or containing other material like bone graft)</td>
<td>Interbody Fusion Device</td>
</tr>
<tr>
<td>Bone graft ONLY used to render the joint immobile</td>
<td>Non-autologous Tissue Substitute or Autologous Tissue Substitute</td>
</tr>
<tr>
<td>Mixture of Autologous and Non-autologous bone graft (with or without biological or synthetic extenders or binders) used to render the joint immobile</td>
<td>Autologous Tissue Substitute</td>
</tr>
</tbody>
</table>
**Definition:** The interbody fusion device is to render the joint immobile and fuse disc spaces to provide an immediately stable segment for fusion and relief of symptoms. The device is used to restore the disc space to or near its original height. The procedure involves the removal of all or portions of the Disc to allow the insertion of the interbody fusion device into the disc space. Several fusion devices may be used at the same time.

**Device Materials:**
- Carbon
- Ceramic
- Metal
- Plastic
- Titanium

**Alternate Terms used:**
- BAK (Bagby and Kuslich) cages
- Interbody fusion cage
- Ray-threaded fusion cage
- PEEK device
- Interbody Spacer

**Fixation Instrumentation:** Rods, plates, screws, etc. Are included in the fusion root operation. No additional code should be assigned.
Interbody Fusion Devices

- Interbody Fusion with bone dowels.
  - Guideline B3.10c example: Fusion of a vertebral joint using a bone dowel interbody fusion device made of cadaver bone and packed with a mixture of local morsellized bone and demineralized bone matrix is coded to the device Interbody Fusion Device.

- Spinal fusion using an interbody cage containing demineralized bone matrix and autograft is coded to the device “Interbody Fusion Device.” Additionally, the fixation instrumentation (i.e., rods, plates, screws, etc.) are included in the fusion root operation, and no additional code is assigned.
Device-Bone Graft Material

If a bone graft is the **ONLY** device used to render the joint immobile, the procedure is coded with device value of Autologous Tissue Substitute or Non-autologous Tissue Substitute.

**Reminder**: If the physician harvests bone graft material from another body site, a separate PCS code is required.
## Bone Graft Definitions

<table>
<thead>
<tr>
<th>Device</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autologous/Autograft</td>
<td>• Referring to a graft (Tissue or an organ) in which the donor and recipient areas are in the same individual.</td>
</tr>
<tr>
<td></td>
<td>• Local bone removed from the vertebra during spinal fusion approach can be saved and used as graft material.</td>
</tr>
<tr>
<td>Nonautologous/Allograft</td>
<td>Allogeneic donor tissue implanted from other human or non-human species (porcine, bovine). Cadaver bone from a tissue bank.</td>
</tr>
<tr>
<td>Synthetic</td>
<td>Alternative or artificial material or device to reinforce or augment the function of a body part.</td>
</tr>
</tbody>
</table>
Introduction of BMP (Bone morphogenetic protein)

1. Mixed with other graft material *Not separately coded
2. Without use of other graft material (fusion with BMP only)

Nosology Help Message

Bone Morphogenetic Protein (BMP) mixed with other graft material

When a mixture of autologous and nonautologous bone graft, (with or without biological or synthetic extenders or binders), is used to render the joint immobile, code the procedure with the device value "Autologous Tissue Substitute".

Example:
- In spinal fusion, BMP (bone morphogenetic protein) is not separately reported when mixed with other graft material, such as, placement of allograft with crushed cancellous autograft and BMP in the joint interspace is coded to the device of Autologous tissue substitute. No additional code is reported.
### Building Blocks of the Spinal Fusion ICD-10-PCS

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<td>G</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Traditionally, three basic approaches have been used for spinal fusion: anterior, posterior, and lateral transverse.

- The classic anterior approach requires an incision in the neck or the abdomen, and the fusion is carried out from the front of the vertebrae through the anterior annulus.
- In the classic posterior approach, the incision is made in the patient’s back directly over the vertebrae.
- Another approach is the lateral transverse, which involves an incision on the patient’s side, and the vertebrae are approached through the lamina.
### Spinal Fusion Qualifiers

<table>
<thead>
<tr>
<th><strong>Anterior Approach, Anterior Column</strong></th>
<th><strong>Posterior Approach, Posterior Column</strong></th>
<th><strong>Posterior Approach, Anterior Column</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(0)</td>
<td>(1)</td>
<td>(J)</td>
</tr>
<tr>
<td>• Look for supine positioning (face up)</td>
<td>• Look for prone positioning (face down)</td>
<td>• Look for prone positioning (face down)</td>
</tr>
<tr>
<td>• Incision made on anterior side of body</td>
<td>• Incision through the back of the body</td>
<td>• Incision through the back of the body</td>
</tr>
<tr>
<td>• Retroperitoneal, plastyma muscle, lateral</td>
<td>• Vertebral foramen, spinal processes, facets and/or lamina</td>
<td>• Vertebral body or disc space</td>
</tr>
</tbody>
</table>
If multiple vertebral joints are fused, a separate procedure is coded for each vertebral joint that uses a different device and or qualifier.

Example of two qualifiers same joint level: Fusion of lumbar vertebral joint with autologous tissue, posterior approach, **posterior column** – and- Fusion of same lumbar vertebral joint with interbody device, posterior approach, **anterior column**.
**360-Degree Spinal Fusion**

**Impacts DRG (453-455)**
- A fusion of both the anterior and posterior columns of the spine
- Performed with two incisions
  - An anterior incision for the anterior column fusion
  - Posterior incision for the posterior column fusion

**Does not impact DRG (459-460)**
- A fusion of both the anterior and posterior columns of the spine through a single incision.

* Sneak attack
Common Spinal Fusion Techniques
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Procedure</th>
<th>Operative Approach</th>
<th>Approach</th>
<th>Column</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALIF</td>
<td>Anterior lumbar interbody fusion</td>
<td>Incision is made on through the abdomen and the abdominal muscles are retracted to the side</td>
<td>Anterior</td>
<td>Anterior</td>
<td>0</td>
</tr>
<tr>
<td>AxiaLiF</td>
<td>Axial Lumbar Interbody Fusion</td>
<td>Incision made in the lower back next to the tailbone</td>
<td>Posterior</td>
<td>Anterior</td>
<td>J</td>
</tr>
<tr>
<td>PLIF</td>
<td>Posterior lumbar interbody fusion</td>
<td>Incision made through the posterior (back) part of the spine</td>
<td>Posterior</td>
<td>Anterior</td>
<td>J</td>
</tr>
<tr>
<td>XLIF</td>
<td>Extreme lateral interbody fusion</td>
<td>Incision made in the patient’s side</td>
<td>Anterior</td>
<td>Anterior</td>
<td>0</td>
</tr>
<tr>
<td>DLIF</td>
<td>Direct lateral interbody fusion</td>
<td>Incision made in the patient’s side</td>
<td>Anterior</td>
<td>Anterior</td>
<td>0</td>
</tr>
<tr>
<td>TLIF</td>
<td>Transforaminal lumbar interbody fusion</td>
<td>Incision made through the posterior (back) part of the spine</td>
<td>Posterior</td>
<td>Anterior</td>
<td>J</td>
</tr>
</tbody>
</table>
Common Procedures Associated with Spinal fusions
Harvesting of Bone Marrow vs. Bone Core

- Puncture site over iliac crest
- Aspiration needle
Harvesting of Bone Marrow

- Body System = Lymphatic and Hemic System (7)
- Root Operation = Extraction (D)
- Approach = Percutaneous (3)
- Only code once, even if performed bilaterally
- Look for verbiage such as *Touhy or Jamshidi needles* used to aspirate bone marrow from the iliac crest.
- PCS code assignment 07DR3ZZ
Harvesting of Bone Marrow vs. Bone Core

- **Bone Core = Excision**
  - Body System = Lower bones (Q)
  - Root Operation = Excision (B)
  - Qualifier = No Qualifier (Z)
    - This is not done for diagnostic purposes, but for use in fusion as an Autologous Graft.
  - Two (2) codes should be used when cores are taken bilaterally, one for each PCS Body Part

**Approach** = Look for verbiage of approach used to retrieve the bone core from the body of the OP report.
Discectomy: Excision vs. Resection

**Excision**
- Cutting out or off, without replacement, a **PORTION** of a body part.
- Root Operation = B

**Resection**
- Cutting out or off, without replacement, **ALL** of a body part.
- Root Operation = T

**Nosology Help Message**
**DISCECTOMY PERFORMED WITH A SPINAL FUSION**

Coding Clinic 2nd Quarter 2014 specifies that a discectomy is almost always performed at the same time as a spinal fusion surgery. An additional code should be assigned for a discectomy performed with a spinal fusion. Typically, a fusion involves partial removal of the disc. If the provider performs a discectomy with spinal fusion, it should be coded as excision of disc. If, however, the provider documents “total discectomy,” it should be coded as a disc resection.
Multiple discectomy PCS codes will be assigned for different body part values.

Example: Discectomy of L4-L5 (Lumbar vertebra) and L5-S1 (lumbosacral vertebra)
Facetectomies and laminectomies are performed to release pressure from the spinal nerves.

Example: Laminectomy for decompression at L2-L5 and spinal fusion performed at L3-L5. You would assign a code for the laminectomy at L2.

If laminectomy is done at the same level as the spinal fusion it is included and *not coded separately.*
Releasing Peripheral Spinal Nerve vs. Spinal Cord

- **Radiculopathy** = Nerve involvement
- **Myelopathy** = Spinal Cord involvement

Laminectomy for decompression by (screen will repeat)

- 1. Release of peripheral spinal nerve root
- 2. Release of spinal cord (e.g., for myelopathy)
Repair of Dura During Spinal Fusion

- Repairs of a Dura tear can consist of blood patches, tissue sealants, direct sutures and supplements.
- Dural supplements may be necessary to prevent CSF leaks and to allow openings in the Dura to heal after surgery.
- Dural supplements can either be:
  - **Biological** = harvested from animals or human cadavers
  - **Synthetic** = applied as an on lay or suturable graft.
# Repair of Spinal Dura

- **Root Operation**: “Q” - Repair (suture, duraseal)
- Spinal Dura has its own Body Part Value
Supplement of Spinal Dura

- Root Operation- “U”- Supplement
- Spinal Dura has its own Body Part Value
## Common Materials Used in Supplement of Spinal Dura

<table>
<thead>
<tr>
<th>Material</th>
<th>Description</th>
<th>Autologous, NonAutologous, or Synthetic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tesseel</td>
<td>Biological Sub, Fibrin sealant/glue</td>
<td>Nonautologous</td>
</tr>
<tr>
<td>RDX2</td>
<td>Amniotic membrane allograft</td>
<td>Nonautologous</td>
</tr>
<tr>
<td>Duragen</td>
<td>Collagen Matrix</td>
<td>Nonautologous</td>
</tr>
<tr>
<td>Vivex</td>
<td>Amniotic membrane allograft</td>
<td>Nonautologous</td>
</tr>
<tr>
<td>Bovine</td>
<td>Animal grafts</td>
<td>Nonautologous</td>
</tr>
</tbody>
</table>

Root Operation: Supplement (U)
Intraoperative monitoring using sentio MMG®

Question:

A patient was admitted for partial vertebrectomy with anterior lumbar interbody fusion and placement of anterior prosthetic device. The Sentio MMG® surgical access tool was used during the procedure to ensure protection of the nerve roots. What is the code assignment for the intraoperative use of Sentio MMG®?

Answer:

Facilities may choose to report or not report this procedure. The Sentio MMG® is similar to an EMG with the sensors being placed on the skin. There is variability where the probe is placed and the measuring device is external. In this case, monitoring is the procedure performed (monitoring is simply a series of measurements repeated over time) and the external approach should be used, since sensors are placed on the skin. If the facility has chosen to report this procedure, assign the following ICD-10-PCS code:

4A11X4G Monitoring of peripheral nervous electrical activity, intraoperative, external approach
Procedure: Posterior cervical fusion and instrumentation, C5 - T1

Operative Technique:
The patient is undergoing correction of her scoliosis and stabilization of the posterior spine. Patient was placed face down on operating table and an incision was made from the C4 to T2. Lateral mass screws were placed from C5 to T1. Vertebral bone was excised to allow rod contouring and reduction of the curvature. Bone grafts were placed which consisted of morcellized autograft from the removed spinous processes and additional allograft. Spinal stabilization rod was placed and tightened to the screws. The vertebrae were irrigated and the tissue was closed in sequential layers.

(Build Code)
Section- Med/Surg- Value 0
Body System- Upper Joint- Value R
Root Operation- Fusion- Value G
Body Part- C4-C7 & C7-T1- Value 2 & 4 (Going to require two codes)*
Approach- Open- Value 0
Device- Bone grafts (autograft/allograft) Stabilization rod/screws- Value 7
Qualifier- Posterior approach, Posterior column – Value 1
PSC Codes: 0RG2071 & 0RG4071
Procedure: Combined Posterior and Anterior fusion and instrumentation

Operative Technique:
The patient is undergoing spinal fusion due to instability and stenosis. The patient was placed prone on the operating table and a 4.0 cm incision made exposing the spinous process of L4-S1. Instability was noted, therefore, pedicle fixation and fusion were recommended and performed. Decompressive laminectomy was performed on L4, L5, and S1. Bilateral facetectomies were also performed from L3-L4, L4-L5, and L5-S1 and nice central decompression was achieved. Segmental instrumentation was placed into the pedicles bilaterally on L4, L5, and S1. All screws were stimulated and showed no irritation on motor or sensory evoked potentials. Nerve root were retracted at L4-L5 and L5-S1. Total discectomy was performed using pituitary punch at both levels, L4-L5 and L5-S1. Biomet PEEK cages were packed with laminectomy autograft. A Biomet PEEK cage measuring 14 X 23 mm was impacted at L4-L5. A Biomet PEEK cage measuring 14 X 23 mm was impacted at L5-S1. Rods were shaped in lumbar lordotic nature and placed in the screw heads and torqued to appropriate tension. Tuohy needles were inserted into the iliac crests bilaterally. 60 mL was aspirated from both hips totaling 120 mL. The BMA was spun down to obtain osteoprogenitor stem cells. The stem cells were placed on Integra Mosaic demineralized bone matrix protein sponges. The transverse process and facets were decorticated bilaterally at L4, L5, and S1 for arthrodesis prep. The Integra Mosaic soaked with stem cells was placed over the transverse process of L4 to S1 for fusion at these levels. Internal EBI Biomet bone stimulator was placed over the sponges and spinous process of L4-S1. Bone matrix laminectomy autograft was mixed with allograft cadaver croutons and applied over the transverse process and impacted into the facets of L4-S1 for fusion at these levels. The incision was irrigated, drains placed, and closed in sequential layers.
Example Case 2

(Build Code 1) L4-L5 anterior fusion using Biomet PEEK cage with autograft
Section- Med/Surg- Value 0
Body System- Lower Joint- Value S
Root Operation- Fusion- Value G
Body Part - L4-L5- Value 0
Approach- Open- Value 0
Device- PEEK cage (Interbody fusion device packed with graft) - Value A
Qualifier- Posterior approach, Anterior column – Value J
PSC Code: 0SG00AJ

(Build Code 2) L5-S1 anterior fusion using Biomet PEEK cage with autograft
Section- Med/Surg- Value 0
Body System- Lower Joint- Value S
Root Operation- Fusion- Value G
Body Part - L5-S1- Value 3
Approach- Open- Value 0
Device- PEEK cage (Interbody fusion device packed with graft)- Value A
Qualifier- Posterior approach, Anterior column – Value J
PSC Code: 0SG30AJ
(Build Code 3) L4-L5 Posterior fusion using autograft mixed with allograft
Section- Med/Surg- Value 0
Body System- Lower Joint- Value S
Root Operation- Fusion- Value G
Body Part- L4-L5- Value 0
Approach- Open- Value 0
Device- Autograft mixed with allograft- Value 7
Qualifier- Posterior approach, Posterior column – Value 1
PSC Code: 0SG0071

(Build Code 4) L5-S1 Posterior fusion using autograft mixed with allograft
Section- Med/Surg- Value 0
Body System- Lower Joint- Value S
Root Operation- Fusion- Value G
Body Part- L5-S1- Value 3
Approach- Open- Value 0
Device- Autograft mixed with allograft- Value 7
Qualifier- Posterior approach, Posterior column – Value 1
PSC Code: 0SG3071
Spinal Fusion Supplemental Codes:

- These codes should be picked up in addition to the actual spinal fusion PCS codes.
- Be sure to read the full operative report.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0ST20ZZ</td>
<td>Resection of Lumbar Vertebral Disc, Open Approach</td>
</tr>
<tr>
<td>0ST40ZZ</td>
<td>Resection of Lumbosacral Disc, Open Approach</td>
</tr>
<tr>
<td>01NB0ZZ</td>
<td>Release Lumbar Nerve, Open Approach</td>
</tr>
<tr>
<td>07DR3ZZ</td>
<td>Extraction of Iliac Bone Marrow, Percutaneous Approach</td>
</tr>
<tr>
<td>0QHY0MZ</td>
<td>Insertion of Bone Growth Stimulator into Lower Bone, Open Approach</td>
</tr>
<tr>
<td>4A11X4G</td>
<td>Monitoring of Peripheral Nervous Electrical Activity, Intraoperative, External Approach</td>
</tr>
</tbody>
</table>
Questions?