

# CPT SPINAL FUSION

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# Webinar Objectives

## CPT CODING – SPINAL FUSION

- Spinal Anatomy and Disease Process Review
- Spinal Arthrodesis Procedure
- Spinal Fusion Case Studies – Cervical and Thoracic
- Spinal Fusion Case Studies – Lumbar and Spinal Deformity



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# SPINAL ANATOMY & DISEASE PROCESS REVIEW

<https://www.istockphoto.com/>



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# REVIEW: ANATOMY OF THE SPINE

Cervical – C1-C7

Thoracic – T1-T12

Lumbar – L1-L5

Sacral – S1-S5

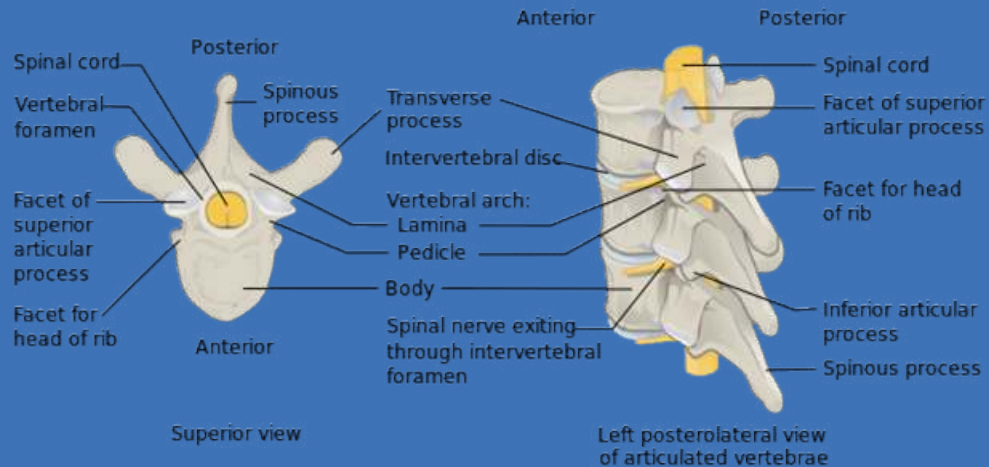


[https://en.wikipedia.org/wiki/File:Gray\\_111\\_-\\_Vertebral\\_column-coloured.png](https://en.wikipedia.org/wiki/File:Gray_111_-_Vertebral_column-coloured.png)



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# REVIEW: ANATOMY OF THE SPINE



[https://en.wikipedia.org/wiki/File:718\\_Vertebr-en.svg](https://en.wikipedia.org/wiki/File:718_Vertebr-en.svg)



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## DIAGNOSES FOR ARTHRODESIS

- Disc Disorders
  - Degenerative Disc Disease
  - Spinal Disc Herniation

[https://en.wikipedia.org/wiki/Spinal\\_disc\\_herniation#/media/File:Herniated\\_Disc.png](https://en.wikipedia.org/wiki/Spinal_disc_herniation#/media/File:Herniated_Disc.png)



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## DIAGNOSES FOR ARTHRODESIS

- Spinal Stenosis
- Spondylolisthesis
- Vertebral Fracture
- Tumor

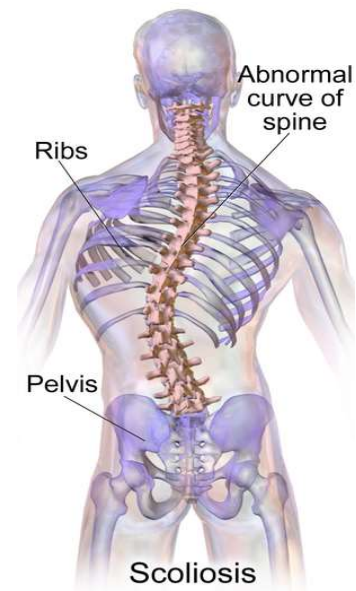
[https://en.wikipedia.org/wiki/File:Spinal\\_Stenosis.png](https://en.wikipedia.org/wiki/File:Spinal_Stenosis.png)



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## DIAGNOSES FOR ARTHRODESIS

- Scoliosis
- Kyphosis



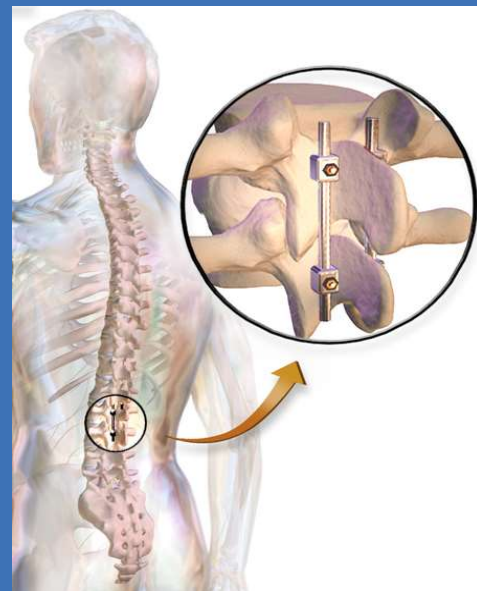
[https://en.wikipedia.org/wiki/File:Blausen\\_0785\\_Scoliosis\\_01.png](https://en.wikipedia.org/wiki/File:Blausen_0785_Scoliosis_01.png)



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## SPINAL FUSION - ARTHRODESIS

Permanently join together two or more bones in the spine so there is no movement between them



[https://en.wikipedia.org/wiki/File:Blausen\\_0446\\_HarringtonRods.png](https://en.wikipedia.org/wiki/File:Blausen_0446_HarringtonRods.png)

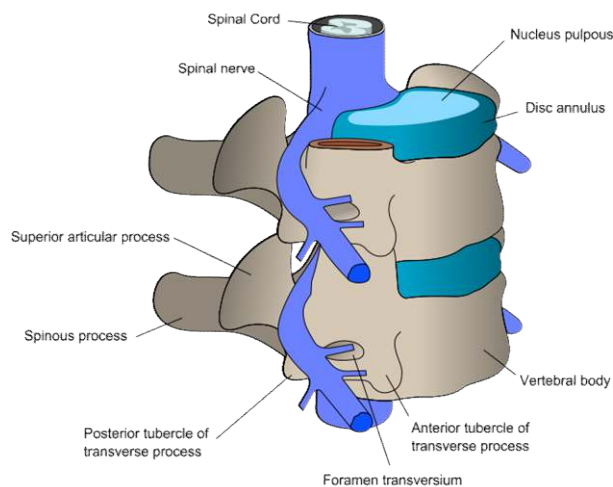


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# INTERBODY FUSION

The part of the spine where the disk is present, between vertebrae.

[https://en.wikipedia.org/wiki/File:ACDF\\_oblique\\_annotated\\_english.svg](https://en.wikipedia.org/wiki/File:ACDF_oblique_annotated_english.svg)



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# APPROACHES FOR SPINAL FUSION



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From the Front: Anterior – Example:  
Anterior Lumbar Interbody Fusion (ALIF)

From the Back: Posterior – Example:  
Posterior Lumbar Interbody Fusion (PLIF)

Transforaminal: Posterior and through  
the side – Example:  
Transforaminal Lateral Interbody Fusion  
(TLIF)

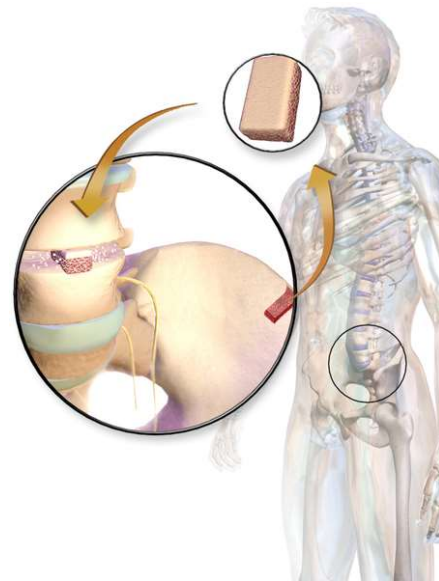
From the Side: Lateral – Example:  
Direct Lateral Interbody Fusion (DLIF) &  
Extreme Interbody Fusion (XLIF)



# BONE GRAFT FOR SPINAL FUSION

Bone Graft Used to Form Fusion:

- Autograft – from the patient
- Allograft – from another patient
- Synthetic – artificial



[https://en.wikipedia.org/wiki/File:Blausen\\_0096\\_BoneGraft.png](https://en.wikipedia.org/wiki/File:Blausen_0096_BoneGraft.png)



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# INSTRUCTIONS & INTERBODY FUSION DEVICES

Fixation Devices: Rods, Screws, Plates

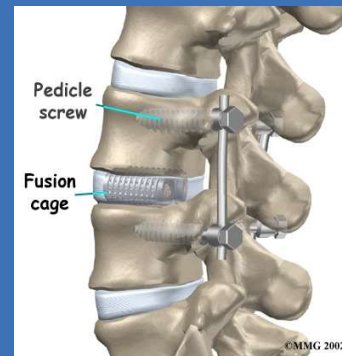
- Stabilize while bone heals and grows



[https://en.wikipedia.org/wiki/File:Roe\\_LWS\\_Spondylodese\\_L5-S1\\_seitlich.jpg](https://en.wikipedia.org/wiki/File:Roe_LWS_Spondylodese_L5-S1_seitlich.jpg)

Interbody Fusion Devices:

- Packed with bone graft



<https://www.bing.com/images/search?q=imgurl%3ahttp%3a%2f%2feorthopod.com...>



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## REFERENCES

- The American Academy of Orthopaedic Surgeons:  
"Spinal Fusion Terms and Glossary - OrthoInfo - AAOS." OrthoInfo, orthoinfo.aaos.org/en/treatment/spinal-fusion-glossary/.
- Spine-Health:  
Paul McAfee, MD. "Indications for Spinal Fusion." Spine, Spine-Health, www.spine-health.com/treatment/spinal-fusion/indications-spinal-fusion.
- "Spinal Fusion." Wikipedia, Wikimedia Foundation, 7 May 2021, en.wikipedia.org/wiki/Spinal\_fusion.

### Images:

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[https://www.bing.com/images/search?q=imgurl%3ahttp%3a%2f%2feorthopod.com%2fsites%2fdefault%2ffiles%2fimages%2flumbar\\_fusion\\_cage\\_surgery03.jpg&view=detailv2&iss=sbi&rtpu=%2fsearch%3fq%3dwikipedia+cages+for+spinal+surgery&FORM=IEQNAI](https://www.bing.com/images/search?q=imgurl%3ahttp%3a%2f%2feorthopod.com%2fsites%2fdefault%2ffiles%2fimages%2flumbar_fusion_cage_surgery03.jpg&view=detailv2&iss=sbi&rtpu=%2fsearch%3fq%3dwikipedia+cages+for+spinal+surgery&FORM=IEQNAI)



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# SPINAL ARTHRODESIS PROCEDURE CPT CODES & GUIDELINES

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# CPT CODES & GUIDELINES

Arthrodesis  
(AKA Spinal Fusion):  
surgery to permanently join  
together two or more bones in  
the spine so there is no  
movement between them.



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## ARTHRODESIS – CODED SEPARATELY

(For spinal surgery bone graft[s]  
see codes [20930-20938](#))

### BONE GRAFTING PROCEDURES

- 20930-20938 Add-on codes
- If more than one type, code for each type - once per each operative session \*
- Examples:
- 20930 morselized allograft or placement of osteopromotive material for spinal surgery
- 20936 autograft for spine surgery obtained from the same incision local (for example ribs, spinous process, laminar fragments)

### BONE MARROW ASPIRATION FOR BONE GRAFTING – SPINAL SURGERY

- 20939

\*CPT Assistant, April 2012

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# ARTHRODESIS – CODED SEPARATELY

Fixation at each end of the construct.

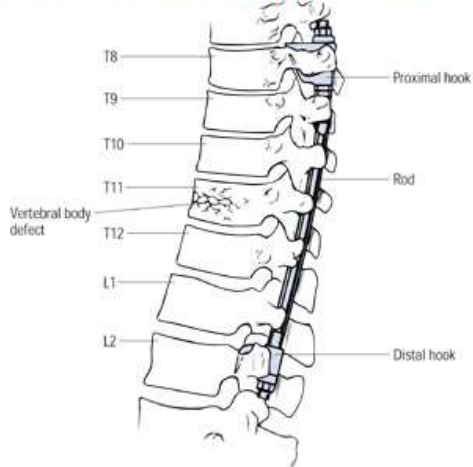


Photo courtesy of TruCode

## SPINAL INSTRUMENTATION

- Non-segmental – 22840
  - Posterior - can span several segments\*
- Segmental – 22842-22847
  - Posterior – 22842-22844
  - Anterior – 22845-22847

\*CPT Assistant, January 2011

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# Segmental Instrumentation

Fixation at each end of the construct and at least one additional interposed bony attachment.

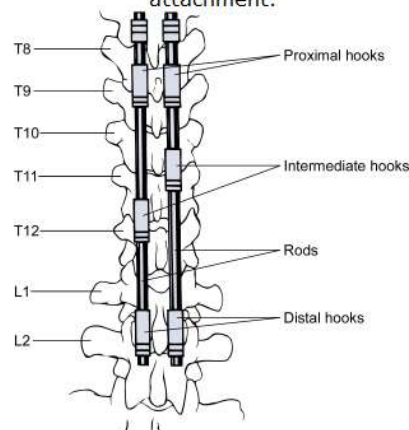


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# INTERSPACES AND SEGMENTS



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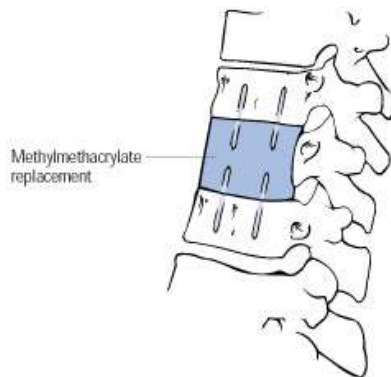
Vertebral Interspace – non-bony component between 2 adjacent vertebral bodies

Vertebral Segment – single complete vertebral bone with its associated articular processes and laminae

Example Fusion of L3-L5:

- 2 interspaces – between L3 and L4, and L4 and L5
- 3 segments – L3, L4, L5

Application of prosthetic device.



## ARTHRODESIS – CODED SEPARATELY

- Interbody and Intervertebral biomechanical devices- example synthetic cage, mesh
- 22853 - device placed into a discectomy defect for purposes of spinal fusion, each interspace
- 22854 - device placed into a corpectomy defect for purposes of spinal fusion, each contiguous defect
- 22859 - device placed into a discectomy or corpectomy defect without spinal fusion, each contiguous defect
- Codes include instrumentation necessary for device anchoring as applicable – posterior or anterior instrumentation to stabilize spinal segment(s) separately reportable

\*CPT Assistant, March 2017

Photo courtesy of TruCode

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# ARTHRODESIS APPROACH LATERAL EXTRACAVITY



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Includes minimal dissection to prepare interspace – other than for decompression

22532 - thoracic

22533 - lumbar

22534 - each additional segment, thoracic or lumbar

# ARTHRODESIS APPROACH ANTERIOR OR ANTEROLATERAL

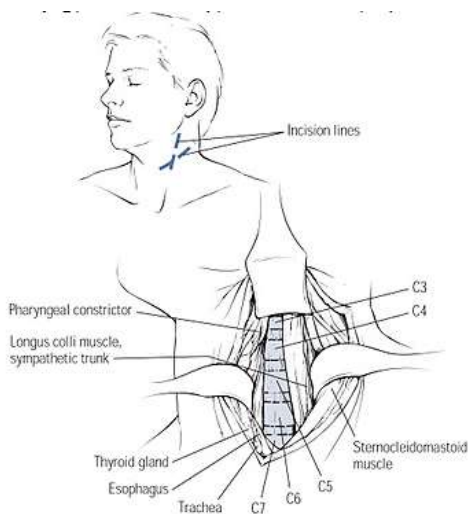


Photo courtesy of TruCode

- 22548 - C1-C2
- 22551 - Cervical below C2 - includes decompression
- 22552 - Add-on code for 22551
- 22554 - Cervical below C2 - other than decompression, single interspace
- 22556 - single interspace - thoracic
- 22558 - single interspace - lumbar
- 22585 - add-on code for 22554, 22556, 22558
- See image on page 136 for anterior approach for lumbar fusion

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## ARTHRODESIS – POSTERIOR, POSTEROLATERAL OR LATERAL TRANSVERSE PROCESS TECHNIQUE

### POSTERIOR OR POSTEROLATERAL 22590-22614

- 22590 - posterior craniocervical
- 22595 - posterior C1-C2
- 22600 - posterior or posterolateral - below C2
- 22610 - posterior or posterolateral - thoracic
- 22612 - posterior or posterolateral - lumbar

Posterior interbody technique – including laminectomy and/or discectomy (other than for decompression, lumbar -22630 and +22632

Combined posterior or posterolateral with posterior interbody technique including laminectomy and/or discectomy (other than for decompression, lumbar - 22633 and +22634



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## ADD-ON CODES ARTHRODESIS – POSTERIOR, POSTEROLATERAL OR LATERAL TRANSVERSE PROCESS TECHNIQUE

### 22614

Each additional vertebral segment - used in conjunction with 22600, 22610, 22612, 22630 or 22633 when performed on a different level

### 22632

Each additional interspace - posterior interbody fusion - used in conjunction with 22612, 22630, 22633 when performed on a different level

### 22634

Each additional interspace and segment - use with 22633 for combined posterior or posterolateral with posterior interbody



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# ARTHRODESIS FOR SPINE DEFORMITY

**Arthrodesis Procedures for Spine Deformity  
(eg, Scoliosis, Kyphosis) (22800-22819)**

FOR EXAMPLE, SCOLIOSIS OR KYPHOSIS

**CODED SEPARATELY:**

- Bone Graft
- Instrumentation

**BASED ON APPROACH AND NUMBER OF SEGMENTS**

- 22800-22804 - posterior
- 22808-22812 - anterior

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## MODIFIERS – PROFEE BILLING

### **62 TWO SURGEONS – EACH SURGEON REPORTS 62**

- Not appended to bone graft or instrumentation codes

### **51 MULTIPLE PROCEDURES**

- When arthrodesis is performed in addition to another procedure, such as fracture care, vertebral corpectomy 51 modifier is added to arthrodesis code
- Does not apply to add-on codes, for example 22585 (anterior interbody arthrodesis) each additional interspace

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## REFERENCES

- *CPT 2019 Professional Edition*. American Medical Association, 2019.
- *CPT® Assistant Online - American Medical Association*. commerce.ama-assn.org/store/catalog/productDetail.jsp?product\_id=prod270004&navAction=push. January 2011, April 2012, April 2016, March 2017

### Images:

<https://www.canva.com/>

<https://www.bing.com/images/search?view=detailV2&ccid=pSbeJS56&id=FB7789E4BE2B9375C4C7C8696043DD057D9F7AC1&thid=OIP.pSbeJS56PY1eKEqJxAgJrwHaJK&mediaurl=https%3a%2f%2fsep.yimg.com%2fay%2fpmiconline%2fcpt-2019-professional-edition-ama-9.jpg&exph=835&expw=675&q=cpt+assistant+2019&simid=608029722830900178&selectedIndex=0>



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## CASE STUDIES

# CERVICAL AND THORACIC FUSION

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# REVIEWING SPINAL FUSION CASES

What part of the spine was involved?	<ul style="list-style-type: none"> <li>• Cervical, Thoracic, Lumbar?</li> <li>• Sacral?</li> <li>• Combined?</li> </ul>
What was the approach?	<ul style="list-style-type: none"> <li>• Anterior? Posterior? Lateral extracavity?</li> </ul>
What specific procedures were performed and for what reasons?	<ul style="list-style-type: none"> <li>• Spinal stenosis, disc disorders, spinal deformity?</li> <li>• Discectomy, arthrodesis, decompression, corpectomy, combination?</li> </ul>
What type of instrumentation?	<ul style="list-style-type: none"> <li>• Non-segmental, segmental-posterior or anterior</li> </ul>
What type of bone grafts?	<ul style="list-style-type: none"> <li>• Autograft, allograft?</li> </ul>

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## CERVICAL FUSION CASE

PREOPERATIVE DIAGNOSES: C2-3 dynamic instability, worsening neck pain

POSTOPERATIVE DIAGNOSES: Same

PROCEDURE PERFORMED:

1. C2 to C4 posterior cervical segmental arthrodesis.
2. Posterior cervical instrumentation with C2 pars screws, as well as C3 and C4 lateral mass screws, using the Stryker OASYS system.
3. Use of BIO4 allograft.
4. Harvest of local bone autograft from spinous processes.
5. Bone marrow aspiration from right superior posterior iliac crest via separate stab incision.
6. Use and interpretation of neurophysiologic monitoring.



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## CERVICAL FUSION CASE (CONTINUED)

INDICATIONS: This 59-year-old female has been experiencing worsening neck pain and was diagnosed with C2-3 anterolisthesis with evidence of dynamic instability. Posterior cervical instrumented fusion was recommended to stabilize her cervical spine. The risks, benefits, and alternatives to surgery were reviewed at length with the patient and spouse. Risks include but are not limited to bleeding, infection, need for future procedures including extension of fusion; pseudoarthrosis, failure of implants, permanent neurologic deficit such as numbness, weakness; wound problems, medical complications, and even stroke, coma, paralysis, and death. The patient acknowledged these risks, all questions were answered, and she asked to proceed.



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## CERVICAL FUSION CASE (CONTINUED)

DESCRIPTION OF PROCEDURE: The patient was brought to the operating room where she was intubated and sedated by the Anesthesia team without incident. Neurophysiologic monitoring was set up, and she was then flipped to the prone position with her head secured in a 3-point Mayfield device. Post-flip neurophysiologic data remained stable. Intraoperative fluoroscopy was used to mark the appropriate level for the skin incision. The skin was sterilely prepped and draped in standard fashion. A final timeout was performed to verify the correct patient, procedure, and surgical site.



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## CERVICAL FUSION CASE (CONTINUED)

A 15-blade was used to make a midline posterior cervical incision from approximately C2 to C4. The Bovie electrocautery continued the soft tissue dissection down to the posterior cervical fascia. The dissection then continued in the midline avascular plane down to the C2 to C4 spinous processes. A subperiosteal dissection was performed to expose the C2 through C4 lamina and lateral masses. A Penfield 1 dissector was used to continue the dissection to expose bilateral C2 pars. Care was taken not to disrupt the C1-2 or C4-5 facet joints.



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## CERVICAL FUSION CASE (CONTINUED)

Intraoperative fluoroscopy was used to confirm the appropriate starting point along C2 for the C2 pars screws. A pilot hole was made with the high-speed drill. Screw trajectories were drilled under direct fluoroscopic guidance, as well as with direct visual confirmation of the medial border of the pars. The screw trajectories were tapped and a ball-tip probe confirmed no breaches. A 3.5 x 18 mm biased-angle screw was placed on the right, while a 3.5 x 16 mm biased-angle screw was placed on the left.



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## CERVICAL FUSION CASE (CONTINUED)

Attention was then turned towards the C3 and C4 lateral mass screws. Of note, the patient had particularly small lateral masses, which thereby necessitated extending the fusion down to C4 in order to ensure a greater purchase. Intraoperative fluoroscopy was again used to confirm appropriate starting points. The high-speed drill was used to create pilot holes in bilateral C3 and C4 lateral masses. A hand-twist drill was then used to drill the screw trajectories according to the Magerl technique. The trajectories were tapped and the ball-tip probe again ensured no breaches. Then, 3.5 x 10 mm biased-angle screws were placed bilaterally at C3 and, on the left at C4, a 3.5 x 14 mm biased-angle screw was placed on the right at C4 and was left somewhat proud, as this lateral mass was quite deeper when compared C3.



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## CERVICAL FUSION CASE (CONTINUED)

Next, 40 mm titanium alloy rods were placed within the tulip heads, where they were secured with cap screws. AP and lateral x-rays confirmed appropriate positioning of all screws and the cap screws were then final tightened. A stab incision was made over the right posterior superior iliac crest with a 15 blade. A Jamshidi needle was tapped into place in order to aspirate approximately 5 mL of bone marrow aspirate. The bone marrow aspirate was combined with 5 mL of BIO4 allograft, as well as bone which had been morselized from the C2 through C4 spinous processes. The Jamshidi needle was removed in its entirety and the stab incision was covered with Dermabond.



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## CERVICAL FUSION CASE (CONTINUED)

The facet joints and lateral masses were decorticated with a high-speed drill. BIO4 allograft was then packed into a greatly expanded left C2-3 facet joint after its cartilaginous surface had been disrupted. The remaining BIO4 and autograft were then packed laterally adjacent to the rod, as well as over the previously decorticated lamina from C2 to C4. The wound was irrigated with copious amounts of antibiotic-containing solution. Exquisite hemostasis was achieved with the bipolar. The wound was then closed in layers using 0 Vicryl for the muscle and fascia, followed by 2-0 Vicryl for the subcutaneous tissue, 3-0 Vicryl for the dermis, and lastly a running 3-0 nylon on the skin. All counts were correct x2 at the conclusion of the procedure. No apparent complication was noted. The neurophysiologic monitoring remained stable throughout the entire case.

The patient was extubated in the operating room and transported to the recovery area in stable condition.



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## REVIEW THE DOCUMENTATION

### WHAT PART OF THE SPINE WAS INVOLVED?

- Cervical

### WHAT WAS THE APPROACH?

- Posterior

### WHAT SPECIFIC PROCEDURES WERE PERFORMED AND FOR WHAT REASON(S)?

- Cervical arthrodesis for worsening neck pain

### WHAT TYPE OF INSTRUMENTATION?

- Segmental-posterior

### WHAT TYPE OF BONE GRAFTS?

- Local bone graft from spinous process and aspiration from iliac crest, BIO4 allograft

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## CERVICAL FUSION CASE CODES

### 1. C2 to C4 posterior cervical segmental arthrodesis

**22600** Posterior fusion single level below C2 segment (C2-C3)

**+22614** Posterior fusion additional vertebral segment (C3-C4)

### 2. Posterior cervical instrumentation with C2 pars screws, as well as C3 and C4 lateral mass screws, using the Stryker OASYS system.

**+22842** Posterior segmental instrumentation 3-6 vertebral segments (C2-C4)

### 3. Use of BIO4 allograft.

### 4. Harvest of local bone autograft from spinous processes.

### 5. Bone marrow aspiration from right superior posterior iliac crest via separate stab incision

**+20930** Allograft, morselized, for spine surgery only

**+20936** Autograft for spine surgery same incision - includes harvest, local

**+ 20939-RT** Bone marrow aspiration for bone grafting for spine surgery - separate incision

**22600** Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment

**22610** thoracic (with lateral transverse technique, when performed)

**22612** lumbar (with lateral transverse technique, when performed)

(Do not report 22612 in conjunction with 22630 for the same interspace and segment, use 22633)

**22614** each additional vertebral segment (List separately in addition to code for primary procedure)



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## THORACIC FUSION CASE

DIAGNOSIS: Pathology showed metastatic epidural adenocarcinoma, unknown primary

### PROCEDURES PERFORMED:

1. Spinal neuronavigation with **Stealth Medtronic neuronavigation**.
2. Spinal instrumentation with **pedicle screws and rods bilaterally** at the level of T7, T8, T9, T10, a total of **4 levels** of thoracic instrumentation.
3. **Laminectomy for resection of spinal epidural tumor** at the level of T7, 8, 9, and 10, a total of 4 levels, laminectomy for tumor resection.
4. Bilateral **posterolateral arthrodesis** with high-speed drill, decortication, and allograft morcellized at the level of T7-T8, T8-T9, T9-T10, a total of **3 levels**, bilateral posterolateral arthrodesis.



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## THORACIC FUSION CASE (CONTINUED)

DESCRIPTION OF PROCEDURE: Patient was induced under general anesthesia, and an endotracheal tube was placed. The patient was then placed in the prone position on Jackson frame. All the pressure points were padded. I proceeded to localize the levels of T7 to T10 with lateral fluoroscopy, and I marked my incision in the midline. After adequate time-out and after adequate administration of preoperative antibiotics, Decadron as IV, and keeping the mean arterial pressure above 90 at all times, I proceeded to make my incision with a 10 blade and achieved adequate sharp dissection through the dermis, subcutaneous tissue, and fascia with monopolar cautery and performed subperiosteal dissection of the multifidus muscle off the spinous process, lamina, and facets bilaterally at the level of T7, T8, T9, T10, including the transverse processes.



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## THORACIC FUSION CASE (CONTINUED)

At this time, I proceeded to perform a laminectomy at T7, 8, 9, and 10, a 4-level laminectomy, for excision of epidural tumor, finding tumor along the inferior aspect of T8, full aspect of T9, and partially T10, epidural tumor intimately attached to the dura, if not invading the dura on the left side, and mostly on the left side, displacing the spinal cord towards the right side. Tumor was removed, and I saw the tumor was invading the dura mostly on the left side. There was a small amount of spinal fluid leak, which was repaired with fat graft and dural sealant. Adequate hemostasis was achieved with bipolar coagulation and FloSeal.



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## THORACIC FUSION CASE (CONTINUED)

After resection of epidural tumor and dural repair, I proceeded to perform an intraoperative CT scan with the O-arm to obtain 3D landmarks for neuronavigation after placing a clamp on the spinous process of T7. We proceeded to place bilateral pedicle screws at the level of T7, bilateral pedicle screws at the level of T8, right-sided pedicle screw at the level of T9, and bilateral pedicle screws at the level of T10. These were placed under neuronavigation with Stealth spinal neuronavigation, and placement of hardware was confirmed with another O-arm spin, intraoperative CT scan confirming adequate placement of hardware. After this, one rod was placed on each side, secured to the screw heads with the use of set screws, and the construct was finalized and locked. After the construct was finalized, posterolateral arthrodesis bilaterally with high-speed drill, decortication, and placement of morcellized allograft placed bilaterally at the level of T7-T8, T8-T9, and T9-T10, three levels total.



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## THORACIC FUSION CASE (CONTINUED)

Two #10 JP flat drains were placed in the epidural space through 2 separate incisions. The drains were secured to the skin with the use of Vicryl stitches, and then after copious irrigation with bacitracin irrigation and adequate hemostasis with bipolar coagulation and FloSeal, I proceeded to perform closure of the fascia with interrupted sutures of 0 Vicryl, closed this with the interstitial dermis with interrupted sutures of 2-0 Vicryl, and the skin was closed with a running 4-0 Rapide reabsorbable suture. The area was dressed in sterile fashion. The patient was allowed to wake up, extubated, and transferred to the postoperative area for further postop care. Family will be updated, and the count was correct.



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## REVIEW THE DOCUMENTATION

### WHAT PART OF THE SPINE WAS INVOLVED?

- Thoracic, T7-T10

### WHAT WAS THE APPROACH?

- Posterolateral

### WHAT SPECIFIC PROCEDURES WERE PERFORMED AND FOR WHAT REASON(S)?

- Thoracic arthrodesis and removal of metastatic epidural adenocarcinoma

### WHAT TYPE OF INSTRUMENTATION?

- Segmental-posterior

### WHAT TYPE OF BONE GRAFTS?

- Allograft

### OTHER PROCEDURES?

- Neuronavigation

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## THORACIC FUSION CASE CODES

- 1. Spinal neuronavigation with Stealth Medtronic neuronavigation.**  
**+61783** Stereotactic navigational procedure spinal
- 2. Spinal instrumentation with pedicle screws and rods bilaterally at the level of T7, T8, T9, T10, a total of 4 levels of thoracic instrumentation.**  
**+22842** Posterior segmental instrumentation 3-6 vertebral segments
- 3. Laminectomy for resection of spinal epidural tumor at the level of T7, 8, 9, and 10, a total of 4 levels, laminectomy for tumor resection.**  
**63276** Laminectomy excision of extradural thoracic intraspinal neoplasm
- 4. Bilateral posterolateral arthrodesis with high-speed drill, decortication, and allograft morcellized at the level of T7-T8, T8-T9, T9-T10, a total of 3 levels, bilateral posterolateral arthrodesis.**  
**22610** Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)  
**+22614 X 2** Arthrodesis, posterior or posterolateral technique; each additional vertebral segment (List separately in addition to code for primary procedure)  
**+20930** Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)

**Note: Modifier 51 for 22610 for ProFee**



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## REFERENCES

- *CPT 2019 Professional Edition*. American Medical Association, 2019.
- *CPT® Assistant Online - American Medical Association*. commerce.ama-assn.org/store/catalog/productDetail.jsp?product\_id=prod270004&navAction=push. January 2011, April 2012, April 2016, March 2017

### Images:

<https://www.canva.com/>

<https://www.bing.com/images/search?view=detailV2&ccid=pSbeJS56&id=FB7789E4BE2B9375C4C7C8696043DD057D9F7AC1&thid=OIP.pSbeJS56PY1eKEqJxAgJrwHaJK&mediaurl=https%3a%2f%2fsep.yimg.com%2fay%2fpmiconline%2fcpt-2019-professional-edition-ama-9.jpg&exph=835&expw=675&q=cpt+assistant+2019&simid=608029722830900178&selectedIndex=0>



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## CASE STUDIES

# LUMBAR AND SPINAL DEFORMITY

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# LUMBAR FUSION CASE EXCERPTS

## PREOPERATIVE DIAGNOSES:

1. Mechanical lower back pain.
2. Intractable right lumbar radiculopathy and radiculitis.
3. Grade 1 lumbar 4-5 spondylolisthesis.
4. Lumbar 4-5 instability.

POSTOPERATIVE DIAGNOSES: Same



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# LUMBAR FUSION CASE (CONTINUED)

## PROCEDURES PERFORMED:

1. Minimally invasive instrumented lumbar 4-5 fusion with placement of bilateral pedicle screws across L4-5
2. Arthrodesis lumbar 4-5
3. Open reduction of grade 1 lumbar 4-5 spondylolisthesis.
4. Transforaminal lumbar interbody fusion, lumbar 4-5, with placement of Tritanium PL spacer and allograft.
5. Right lumbar 4-5 microdiscectomy.



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## LUMBAR FUSION CASE (CONTINUED)

INDICATIONS FOR SURGERY: This 63-year-old presented complaining of a multi-year history of mechanical lower back pain, as well as progressive right lower extremity radicular pain. Unfortunately, the patient has failed multiple conservative modalities consisting of not only a dedicated course of physical therapy, but also epidural steroid injections x4. She describes her back pain as dull and aching in nature. She also proclaims to have significant pain in the right leg which will radiate posterolaterally down the leg across the anterior shin. An MRI of the lumbar spine was ordered and demonstrated a grade 1 anterolisthesis of L4 on L5. After a long discussion with the patient and in the event of her failure of conservative modalities, the decision was made to offer operative intervention. The risks and benefits were thoroughly explained.



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## LUMBAR FUSION CASE (CONTINUED)

DESCRIPTION OF PROCEDURE: The patient was properly identified by both the attending neurosurgeon as well as anesthesiologist... Neurophysiological monitoring was utilized throughout the duration of the case. Electrodes were placed to monitor EMG and pedicle screw stimulation. The patient, after undergoing successfully general endotracheal anesthesia, was turned prone onto the Jackson table...After a proper timeout had been called, I positioned both AP and lateral x-ray over the L4-L5 level. Midline was denoted with a marking pen and K-wire. I then bisected the L4 and L5 pedicles transversely and denoted their lateral borders longitudinally. ...Attention was first paid to the left paralumbar skin incision site which was opened sharply with a #15 blade...



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## LUMBAR FUSION CASE (CONTINUED)

...The Jamshidi needle was then brought into the field. It was advanced **transpedicularly at L4 and L5** bilaterally with proper impedances. Four K-wires were placed within the mid vertebral bodies of L4 and L5, respectively. We tapped with a 5.5 mm tap at all 4 stations with proper impedances. The decision was made to place the left-sided transpedicular screws. **A total of two 6.5 x 45 mm long-bladed ES2 system screws were advanced at L4 and L5 on the left and the K-wires were removed.** Impedances were acceptable from a screw placement standpoint...It was of moderate size for a lateral disk ...generous annulotomy was performed with a long-handled 11 blade. Utilizing a down-pushing curette as well as a small straight and upgoing pituitary, **an aggressive discectomy was undertaken...**



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## LUMBAR FUSION CASE (CONTINUED)

There was a moderately large subligamentous disk fragment laterally that was brought into the field of view after a down-pushing curette and was resected with an upgoing pituitary. I then advanced a 6 mm shaver into the intervertebral disk space, which was then dilated up. After dilating up to a 10 mm shaver, I took a lateral x-ray, and the decision was made to open a 10 x 23 mm **with 6-degree lordosis Tritanium PL spacer.** **After packing this with 0.5 mL of BIO4 allograft,** I irrigated throughout the disk space for any residual fragments which were resected with a straight pituitary. I then **advanced 0.5 mL into the anterior aspect of the disk space at L4-L5. This was followed by the 10 x 23 mm with 6-degree lordosis spacer.** It was advanced below the endplates and rotated across midline.



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## LUMBAR FUSION CASE (CONTINUED)

...The patient was rotated back to a neutral position. I transitioned myself to the left side of the table. The K-wires were attached and I was able to place two 6.5 x 45 mm long-bladed ES2 system screws and the K-wires were removed. These screws tested well from an impedance standpoint. I did advance the **L4 screw** slightly ventral into the vertebral body when compared to **the L5 screws**. Two 35 mm straight hex rods were placed bilaterally, and we tightened the L5 set screws as well bilaterally. Utilizing 8 degrees of reduction built into the set screws, we toggled back and forth at L4 and **were able to achieve rather complete reduction of the aforementioned spondylolisthesis**. We final tightened the L4 set screws at this point in time bilaterally, and after obtaining a final AP and lateral x-ray, detached the tower heads.



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## LUMBAR FUSION CASE (CONTINUED)

The 2 paralumbar incisions were then infiltrated with normal saline ...followed by hydrogen peroxide and straight Betadine solution. attention was paid to closure. The thoracolumbar fascia was mobilized and closed bilaterally with 2 UR-6-0 Vicryl sutures. Subcutaneous layer was closed with inverted interrupted 2-0 Vicryl sutures. The subdermal layer was closed with inverted interrupted 3-0 Vicryl sutures. A wet and dry was applied, followed by a thick layer of Dermabond Prineo...the patient was turned supine onto the operating room stretcher. The patient was extubated and transferred to PACU in hemodynamically stable condition, having tolerated all aspects of this case from a neurosurgical, hemodynamic standpoint.



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# REVIEW THE DOCUMENTATION

## WHAT PART OF THE SPINE WAS INVOLVED?

- Lumbar

## WHAT WAS THE APPROACH?

- Posterior

## WHAT SPECIFIC PROCEDURES WERE PERFORMED AND FOR WHAT REASON(S)?

- Transforaminal lumbar interbody fusion, lumbar 4-5, for several conditions including lower back pain, radiculopathy and spondylolisthesis

## WHAT TYPE OF INSTRUMENTATION?

- Non-segmental-across one interspace, Insertion of Tritanium PL space interbody device

## WHAT TYPE OF BONE GRAFTS?

- Allograft

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# LUMBAR SPINAL FUSION CASE CODES

- Transforaminal lumbar interbody fusion, lumbar 4-5, with placement of Tritanium PL spacer and allograft
- **22630** Posterior fusion interbody technique, including laminectomy and/or discectomy to prepare interspace single interspace; lumbar
- **+22853** Insertion of interbody biomechanical device to intervertebral disc space in conjunction with interbody arthrodesis, each interspace
- **+20930** Allograft, morselized, for spine surgery only
- **+22840** Posterior non-segmental instrumentation (e.g., pedicle fixation across 1 interspace)
- Separate Codes?
- Discectomy?
  - No, Included in interbody fusion code(including laminectomy and/or discectomy to prepare interspace)
- Open reduction of grade 1 lumbar 4-5 spondylolisthesis?
  - No reduction or stabilization work is inherent in the arthrodesis work
  - Specifically in the appropriate instrumentation code
  - CPT Assistant July 2015 and August 2017



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# SPINAL FUSION FOR SCOLIOSIS EXCERPTS

PREOPERATIVE DIAGNOSIS: Idiopathic adolescent scoliosis

PROCEDURE(S) PERFORMED: Posterior spinal fusion T5 to T12.

IMPLANTS: DePuy 5.5 Expedium posterior segmental fusion set.

INDICATIONS: This is a very pleasant 12-year-old female was referred for evaluation of finding scoliosis. A year ago and had a normal clinical exam; however over this last summer, she noted that she had increasing prominence of her right scapula and she was then diagnosed as having scoliosis. Examination of the spine indicates slight asymmetry of her shoulders with fullness at the right convex thoracic curve and prominent ribs in the thoracic region.



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# SPINAL FUSION FOR SCOLIOSIS (CONTINUED)

We began the procedure by first identifying the appropriate spinal levels using fluoroscopy. T5 was identified proximally, and T12 was identified distally. Once this was performed, C-arm was removed, and we outlined our incision roughly following the spinous processes in a curved linear fashion from approximately T5 to T12. Sharp dissection was made through the skin and dermal tissue and then meticulous dissection was performed using electrocautery. This was performed until we encountered the thoracodorsal fascial which was then divided meticulously. Once we had reached the level of the spinous processes, we then began meticulous subperiosteal dissection starting with the left thoracic spine.



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## SPINAL FUSION FOR SCOLIOSIS (CONTINUED)

Using a Cobb elevator and electrocautery, we performed the dissection down exposing the spinous processes and then extending down to expose the transverse process. This was performed at subsequent levels from T5 to T12...we identified our most inferior pedicles...Once we had confirmed the track for the pedicle, we then used anatomic landmarks as well as fluoroscopy, we tapped the hole, measured, and placed our pedicle screw. This was performed working in subsequent left to right sides respectively working respectively from distal to proximal, and each screw was performed in a similar fashion. We placed two pedicle screws at the T10, T11, and T12 levels. We placed one left screw at T9, one right screw at T8, one left screw at T7, and one right screw at T6. We then subsequently placed pedicle hooks at both T5 and T6 on the right and a pedicle screw at T5 on the left. Once this was achieved, we then turned our attention to placing our rod.



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## SPINAL FUSION FOR SCOLIOSIS (CONTINUED)

This was done using a 480-millimeter rod which was measured to the appropriate length and cut...we then placed this rod into our pedicle screws and placed our end caps over top loosely but firmly...we then began our derotation and spinal correction. This was done first by placing manual force over the right thoracic prominence and stabilizing over the left proximal shoulder. Additional correction was performed using vice-grips and rotating our rod approximately 90 degrees. We then had clinical improvement in our correction, and we then distracted and secured our screws. Periodic motor checks were performed to ensure integrity of the central nervous and peripheral nervous system.



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# SPINAL FUSION FOR SCOLIOSIS (CONTINUED)

We then performed in a similar manner and placed a rod on the right side. This was then secured. We used a torque wrench to ensure that we had sufficient tightening of our screws. Just before placing the rods, we did perform facetectomies at each subsequent level in our fusion as well as to ensure adequate fusion. ...After placement of our hardware, we used a bur and placed multiple bur holes at each level within our fusion to increase surface area and bleeding character properties of the bone and then placed allograft bone in and around the hardware to additionally aid in fusion...Vancomycin powder was then added...wound was then closed in layered fashion...Sterile dressings were applied, and the patient was then transferred to the recovery bed. Intraoperative plain films were obtained. Patient was extubated and transferred back to the recovery room in stable condition.



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## REVIEW THE DOCUMENTATION

### WHAT PART OF THE SPINE WAS INVOLVED?

- Thoracic, T5-T12

### WHAT WAS THE APPROACH?

- Posterior

### WHAT SPECIFIC PROCEDURES WERE PERFORMED AND FOR WHAT REASON(S)?

- Arthrodesis for spinal deformity, scoliosis

### WHAT TYPE OF INSTRUMENTATION?

- DePuy 5.5 Expedium posterior segmental fusion set

### WHAT TYPE OF BONE GRAFTS?

- Allograft

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## SPINAL FUSION FOR SCOLIOSIS CODES

- **22802** Arthrodesis, posterior, for spinal deformity, with or without cast; 7-12 vertebral segments
- **22843** Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments
- **20930** Morselized Allograft, morselized, for spine surgery

**22800** Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments

**22802** 7 to 12 vertebral segments

**22804** 13 or more vertebral segments

**22808** Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments

**22810** 4 to 7 vertebral segments

**22812** 8 or more vertebral segments



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## REFERENCES

- *CPT 2019 Professional Edition*. American Medical Association, 2019.
- *CPT® Assistant Online - American Medical Association*. commerce.ama-assn.org/store/catalog/productDetail.jsp?product\_id=prod270004&navAction=push. January 2011, April 2012, July 2015, April 2016, March 2017, August 2017
- Healthline:  
Moore, Kristeen. "Spondylolisthesis." Healthline, 2018, www.healthline.com/health/spondylolisthesis.

### Images:

<https://www.canva.com/>

<https://www.bing.com/images/search?view=detailV2&ccid=pSbeJS56&id=FB7789E4BE2B9375C4C7C8696043DD057D9F7AC1&thid=OIP.pSbeJS56PY1eKEqJxAgJrwHajK&mediaurl=https%3a%2f%2fsep.yimg.com%2fay%2fpmiconline%2fcpt-2019-professional-edition-ama-9.jpg&exph=835&expw=675&q=cpt+assistant+2019&simid=608029722830900178&selectedIndex=0>



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