New CPT Codes for Spinal Prosthetic Devices

There were some important changes that went into effect Jan 1st 2017 for reporting spinal prosthetic devices in CPT. Add-on code +22851 was deleted and replaced with three new add-on codes (+22853, +22854 & +22859).

+22853 Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)

+22854 Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)

+22859 Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)

The materials and information cited herein are provided as a resource to assist in obtaining coverage and reimbursement for health care services. However, there can be no guarantee or assurances that they will not become outdated, without the notice of Medtronic, or that the government or other payers agree with the guidance contained herein. The responsibility for all decisions lies with the healthcare provider. The healthcare provider should consult their coding advisors and the payer to resolve any coding or billing questions. All products should be used according to their labeling.

Current Procedural Terminology (CPT) is copyright 2015/2016 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use. CPT® is a trademark of the American Medical Association.
Answers to Frequently Asked Questions about +22853

Is anterior instrumentation no longer allowed to be reported with +22853?
While it is not appropriate to report a separate anterior instrumentation code with +22853 for interbody biomechanical fusion devices that have integral instrumentation like screws attached to hold it in place, non-integral fixation may still be reported separately. A separate anterior instrumentation code may be appropriate for circumstances when, in addition to the interbody device, a separate/independent plate spanning the vertebral segments is implanted that can provide support/stability as a standalone implant and not just to hold the interbody device in place. AMA 2017 CPT Changes states “Additional fixation not integral to the device, other provision for arthrodesis, or bone grafting are coordinated with the placement of the biomechanical device and are coded separately.”

The code description for +22853 has the word “anterior.” Does this mean that +22853 cannot be reported for interbody biomechanical fusion devices implanted during posterior lumbar interbody fusions?
+22853 may also be reported for the implantation of a biomechanical interbody fusion device (eg, peek cage) during a posterior interbody fusion. Please refer to the CPT manual and you’ll notice that under code +22853 is a list of primary procedure codes that it may be reported in conjunction with - and posterior lumbar interbody fusion codes are on that list.

If the biomechanical interbody fusion device does not have integral anterior fixation, may I still report +22853?
Yes. The code description includes integral anterior instrumentation but it is not meant to exclude interbody biomechanical fusion devices that do not have screws or flanges attached to them. Notice the rest of the wording in the code description that states “when performed.”:
"...with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed..."

Should +22853 be reported by the number of cages implanted or per interspace?
The code description instructs that this code is to be reported per interspace. Therefore, if two cages are inserted into one interspace, you still report +22853 only once.