## Medtronic

# CD Horizon" Spire"' spinal System CD Horizon"' Spire"' $Z_{\text {spinal } \text { system }}$ 

The CD Horizon ${ }^{\text {TM }}$ Spire $^{\text {TM }}$ plate is a posterior, single level, non-pedicle supplemental fixation device intended for use in the non-cervical spine (T1-S1) as an adjunct to fusion in skeletally mature patients. It is intended for plate fixation/attachment to spinous processes for the purpose of achieving supplemental fixation in the following conditions: degenerative disc disease (defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies); spondylolisthesis; trauma; and/or tumor.

## Physician reimbursement

Physicians use Current Procedural Terminology (CPT ${ }^{*}$ ) codes to report all of their services. These codes are uniformly accepted by all payers. Medicare and most indemnity insurers use a fee schedule to pay physicians for their professional services, assigning a payment amount to each CPT code. Under Medicare's ResourceBased Relative Value Scale (RBRVS) methodology for physician payment, each CPT code is assigned a point value, known as Relative Value Units (RVU), which is then multiplied by a conversion factor to determine the physician payment. Many other payers use Medicare's RBRVS fee schedule or a variation of it. Industrial or workrelated injury cases are usually reimbursed according to the official fee schedule for each state.

Use of CPT codes is governed by various coding guidelines published by the American Medical Association (AMA) and other major sources such as physician specialty societies. In addition, the National Correct Coding Initiative (NCCI), a set of CPT coding edits created and maintained by the Centers for Medicare and Medicaid Services (CMS), has become a national standard.

The CPT codes listed below may be appropriate for the insertion of the CD Horizon ${ }^{T M}$ Spire ${ }^{\text {TM }}$ spinal system.
For individual cases where the CD Horizon ${ }^{T M}$ Spire ${ }^{T M}$ spinal system is placed in addition to either unilateral or bilateral posterior instrumentation (e.g., pedicle-based screws and rods), the CD Horizon ${ }^{\top M}$ Spire ${ }^{T M}$ spinal system is not separately reported as it is considered an inclusive component of segmental and non-segmental instrumentation codes (bundled with the posterior instrumentation codes).

| CPT | Description | Medicare <br> Payment | RVU |
| :--- | :--- | :--- | :--- |
| +22840 | Posterior non-segmental instrumentation (e.g., Harrington rod technique, <br> pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, <br> sublaminar wiring at C1, facet screw fixation) (List separately in addition to <br> code for primary procedure) | 22.60 |  |
| NOTE: | If posterior segmental instrumentation of 3 or more vertebral segments is implanted, use the appropriate CPT code (+22842 - <br> $+22844)$ to report this service. |  |  |

For cases where the CD Horizon ${ }^{\top M}$ Spire ${ }^{T M}$ spinal system is placed in addition to an interbody/intervertebral biomechanical device but without posterior instrumentation (e.g., pedicle-based screws and rods), the CD Horizon ${ }^{T M}$ Spire ${ }^{T M}$ spinal system should be reported using the following CPT code:

Unlisted procedure, spine
0.00

Carrier Review

Source: See references. CPT Assistant, American Medical Association, February 1996; September 2012

## Facility reimbursement

## Inpatient Reimbursement

Hospital payment for inpatient services/procedures is usually based on Diagnosis-Related Groups (DRG), case rates, per diem rates or a line item payment methodology. Medicare uses the Medicare Severity-DRG (MS-DRG) payment methodology to reimburse hospitals for inpatient services. Each inpatient stay is assigned to one payment group, based on the ICD-10-CM codes assigned to the
major diagnoses and procedures. Each DRG has a payment rate which bundles the reimbursement for all services the patient received during the inpatient stay. Most insurers usually pay the hospital on a contractual basis (i.e., case rate or per diem rate) that has been negotiated between the hospital and insurance carrier.

## ICD-10-PCS Procedure Codes

"ICD-10-PCS general guideline B3.1b clarifies that components of a procedure specified in the root operation definition and explanation are not coded separately. The explanation in the root operation for fusion states 'that body part is joined together by fixation device, bone graft, or other means.' Therefore, the fixation (rods, plates, screws) is included in the fusion and no additional code is assigned." -AHA Coding Clinic for ICD-10-CM and ICD-10-PCS 3rd Quarter 2014.

## Diagnosis-Related Groups (DRGs)

The CD Horizon ${ }^{T M}$ Spire ${ }^{T M}$ plate is a posterior, non-pedicle supplemental fixation device intended for use in the noncervical spine (T1-S1) as an adjunct to fusion in skeletally mature patients. Thoracic and lumbar spinal fusions are commonly grouped to the following DRGs:

## Medicare Severity-Diagnosis-Related Group (MS-DRG) Assignment

| MS-DRG | Description* | MDC | Relative Weight $\dagger$ | Medicare <br> Payment $\dagger$ |
| :---: | :---: | :---: | :---: | :---: |
| 028 | Spinal Procedures with MCC | 01 | 6.0261 | \$42,192 |
| 029 | Spinal Procedures with CC or Spinal Neurostimulator | 01 | 3.4282 | \$24,003 |
| 030 | Spinal Procedures without CC/MCC | 01 | 2.319 | \$16,237 |
| 453 | Combined Anterior/Posterior Spinal Fusion with MCC | 08 | 8.8614 | \$62,044 |
| 454 | Combined Anterior/Posterior Spinal Fusion with CC | 08 | 6.1163 | \$42,824 |
| 455 | Combined Anterior/Posterior Spinal Fusion without CC/MCC | 08 | 4.6056 | \$32,247 |
| 456 | Spinal Fusion except Cervical with Spinal Curvature/Malignancy/Infection or Extensive Fusions with MCC | 08 | 8.4294 | \$59,019 |
| 457 | Spinal Fusion except Cervical with Spinal Curvature/Malignancy/Infection or Extensive Fusions with CC | 08 | 6.0753 | \$42,537 |
| 458 | Spinal Fusion except Cervical with Spinal Curvature/Malignancy/Infection or Extensive Fusions without CC/MCC | 08 | 4.531 | \$31,724 |
| 459 | Spinal Fusion Except Cervical with MCC | 08 | 6.6323 | \$46,437 |
| 460 | Spinal Fusion Except Cervical without MCC | 08 | 3.6579 | \$25,611 |

Under the MS-DRG system, cases may be assigned to a number of other MS-DRGs, based on individual patient diagnosis and presence or absence of additional surgical procedures performed. Additional MS-DRGs include but are not limited to: MS-DRGs 907, 908, 909; MS-DRGs 957, 958, 959; and MS-DRGs 981, 982, 983.

* MCC - Major Complication and/or Comorbidity. CC - Complication and/or Comorbidity.
$\dagger$ Source: See references.


## Outpatient reimbursement

Facilities use the Healthcare Common Procedure Coding System (HCPCS) to report outpatient services. Under Medicare's methodology for outpatient payment, each HCPCS code is assigned to one Ambulatory Payment Classification (APC). Each APC has a relative weight which is multiplied by a conversion factor to determine the facility payment. An APC is assigned to each significant service. Although some services are bundled and not separately payable, total payment to the facility is the sum of the APC amounts for the services provided during the outpatient encounter.

Many payers use Medicare's APC methodology or a similar type of fee schedule to reimburse facilities for outpatient services. Other payers use a percentage of charges mechanism, depending on their contract with the hospital.

## Medicare Hospital Outpatient and ASC Reimbursement

|  |  |  | Hospital Outpatient |  | Amb. Surgery Center |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| HCPCS <br> Code | Description | APC | Status Indicator | Medicare Payment | Payment Indicator | Medicare Payment |

The CD Horizon ${ }^{T M}$ Spire ${ }^{T M}$ spinal system is cleared for use as supplemental fixation with the CD Horizon ${ }^{T M}$ system and is not cleared for standalone use (i.e., other supplemental fixation such as an intervertebral biomechanical device or posterior instrumentation must also be implanted). For individual cases where the CD Horizon ${ }^{T M}$ Spire ${ }^{T M}$ spinal system is placed in addition to either unilateral or bilateral posterior instrumentation (e.g., pedicle-based screws and rods), the CD Horizon ${ }^{\top M}$ Spire ${ }^{\top M}$ spinal system is not separately reported as it is considered an inclusive component of segmental and non-segmental instrumentation codes.
22840
Posterior non-segmental instrumentation (eg,
N/A N
-
N1 Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)
NOTE: If posterior segmental instrumentation of 3 or more vertebral segments is implanted, use the appropriate CPT code (+22842$+22844)$ to report this service.

For cases where the CD Horizon ${ }^{T M}$ Spire ${ }^{\text {TM }}$ spinal system is placed in addition to an interbody/intervertebral biomechanical device but without posterior instrumentation (e.g. pedicle-based screws and rods), the CD Horizon ${ }^{T M}$ Spire ${ }^{T M}$ spinal system should be reported using the following CPT code:
$+22899$
Unlisted procedure, spine
5111
T
$\$ 224.69$
N/A
N/A

Source: CPT Assistant, American Medical Association, February 1996.
Source: See references.
Check bundling edits before applying and submitting codes for payment.

## Status/Payment Indicators:

Each HCPCS code in the Outpatient Prospective Payment System and Ambulatory Surgery Center System is assigned a status or payment indicator to signify whether a discount (payment reduction) applies to the respective payment. The following indicators are assigned to these procedures:

N Items and services packaged into APC rates, no separate payment
T Significant Procedure, Multiple Procedure Reduction Applies
N1 Packaged service/item; no separate payment made

## Coding and reimbursement assistance

## SpineLine ${ }^{\text {TM }}$

Provides coding, billing and reimbursement assistance for procedures performed using Medtronic products.

## Email: RS.CSTreimbursementsupport@medtronic.com

Web: medtronic.com/SpineLine

## References

CPT Assistant, American Medical Association,
February 1996; September 2012. Source: 2024
Medicare Fee Schedule, Final Rule, Federal
Register. No geographic adjustments. Check bundling edits before applying and submitting codes for payment. 2/24

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Please see the package insert for the complete list of indications, warnings, precautions, and other important medical information.

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Medical necessity will dictate site of service for each individual patient. Physicians should confirm inpatient or outpatient admission criteria before selecting site of service.

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