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Physician reimbursement

Physicians use Current Procedural Terminology (CPT®) codes to report 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 Resource-Based Relative Value Scale (RBRVS) methodology for physician payment, each CPT code is assigned a point value, known as the Relative Value Unit (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 on it. Industrial or work-related 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 following CPT code may be appropriate for the implantation of the Pivox™ oblique lateral spinal system interbody cage:

CPT Code	Description	Relative Weight	Medicare Payment*
+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)	7.70	\$252.10

* Source: See references.

In addition, the following instrumentation CPT code may be appropriate for the implantation of the Pivox™ oblique lateral spinal system plates and bone screws:

CPT Code	Description	Relative Weight	Medicare Payment*
+22845	Anterior instrumentation; 2 to 3 vertebral segments	21.72	\$711.11

* Source: See references.

Coding of anterior instrumentation

A separate anterior instrumentation CPT code is not recommended for the insertion of interbody devices with integral anterior instrumentation. However, guidance indicates that "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." -AMA CPT Changes 2017. Therefore, there may be circumstances where additional non-integral fixation is coded separately.

Since the interbody device and anterior plate of the Pivox™ oblique lateral spinal system can be implanted separately and/or used independently of each other, the above coding guidance implies that both codes may be reported when using this system. The Pivox™ oblique lateral spinal system interbody cages are intended to be used with supplemental fixation instrumentation, which has been cleared for use in the lumbar spine.

Payers may require the use of NCCI-associated modifiers with +22845 (e.g., Distinct Procedural Service Modifier 59) for circumstances where a provider performs additional anterior instrumentation unrelated to anchoring the interbody device.

Facility reimbursement

Hospital Inpatient Reimbursement

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 and ICD-10-PCS codes assigned to the major diagnoses and procedures. Each DRG group has a flat payment rate which bundles the reimbursement for all services and devices the patient received during the inpatient stay. Other payers may also use DRGs or a variation on them, but many payers pay the hospital on a contractual basis (i.e., case rate or per diem rate) that has been negotiated between the hospital and the payer.

ICD-10-PCS Procedure Codes

The Pivox™ oblique lateral spinal system is indicated for use in an OLIF25™ procedure or a DLIF procedure. In the ICD-10-PCS coding system insertion of interbody devices is included in the 6th character device value of the primary procedure code, and not coded separately. In addition, spinal instrumentation (e.g., rods, plates, screws) is included in the primary fusion code and not reported separately, so there is no code for use of the anterior plate component of the Pivox™ oblique lateral spinal system.

Diagnosis-Related Groups (DRGs)

The Pivox™ oblique lateral spinal system is used as an adjunct to fusion of the lumbar spine. Lumbar spinal fusions are typically grouped to the following DRGs:

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

MS-DRG	Description*	MDC	Relative Weight†	Medicare Payment†
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 Fusion with MCC	08	8.4294	\$59,019
457	Spinal Fusion Except Cervical with Spinal Curvature/ Malignancy/Infection or Extensive Fusion with CC	08	6.0753	\$42,537
458	Spinal Fusion Except Cervical with Spinal Curvature/ Malignancy/Infection or Extensive Fusion 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

*MCC - Major Complication and/or Comorbidity. CC - Complication and/or Comorbidity.

†Source: See references.

Outpatient reimbursement

Hospitals use the Healthcare Common Procedure Coding System (HCPCS) to report outpatient services. Under Medicare's methodology for hospital 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 hospital payment. An APC and a payment amount are assigned to each significant service. Although some services are bundled and not separately payable, total payment to the hospital is the sum of the APC amounts for the services provided during the outpatient encounter.

Medicare does not cover lumbar interbody spinal fusions in the outpatient setting. However, commercial payers may allow the procedure to be performed in this setting. In these cases, hospitals will want to contact the payer and review their payer contracts to ensure that they provide adequate payment for this procedure in the outpatient setting.

HCPCS Code	Description	APC	Status Indicator	Medicare Payment*
+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)	—	N	N/A
+22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	—	N	N/A

*Source: See references.

Status Indicators:

Each HCPCS code in the Outpatient Prospective Payment System (OPPS) is assigned a status indicator to signify certain APC rules. The following status indicators are represented in these procedures:

N Paid under OPPS; payment is packaged into payment for other services. Therefore, there is no separate APC payment.

Primary anterior lumbar interbody fusion CPT 22558 is status 'C' for inpatient-procedure according to the Medicare Outpatient Fee Schedule.

Pivox™ oblique lateral spinal system

Indications for use

The Pivox™ oblique lateral spinal system Interbody Cage is designed to be used with autogenous bone and/or allograft bone graft comprised of cancellous and/or corticocancellous bone graft, and/or demineralized allograft bone with bone marrow aspirate to facilitate interbody fusion and is intended for use with supplemental fixation systems cleared for use in the lumbar spine. The Pivox™ oblique lateral spinal system interbody cage is used for patients diagnosed with degenerative disc disease (DDD) at one or two contiguous levels from L2 to S1. DDD patients may also have up to Grade 1 spondylolisthesis or retrolisthesis at the involved levels. DDD is defined as discogenic back pain with degeneration of the disc confirmed by history and radiographic studies. Additionally, the Pivox™ oblique lateral spinal system can be used to provide anterior column support in patients diagnosed with degenerative scoliosis as an adjunct to pedicle screw fixation. These patients should be skeletally mature and have had six months of non-operative treatment. These implants may be implanted via a minimally invasive or open lateral or oblique approach.

Certain sizes of the Pivox™ oblique lateral spinal system interbody cage may also be used with Infuse™ bone graft for patients diagnosed with DDD, as defined above, who are skeletally mature and have had six months of non-operative treatment. The device may be implanted at a single level using an Oblique Lateral Interbody Fusion (OLIF) approach from L2- L5 and is intended for use with supplemental fixation systems cleared for use in the lumbar spine. Consult the labeling for the Infuse™ bone graft/ Medtronic interbody fusion device for information on the specific sizes of the Pivox™ oblique lateral spinal system interbody cage approved for use with Infuse™ bone graft, as well as specific information regarding contraindications, warnings, and precautions associated with Infuse™ bone graft. Infuse™ bone graft is not indicated for use in a direct lateral interbody fusion (DLIF) surgical approach.

Additionally, the Pivox™ oblique lateral spinal system can be used to provide anterior column support in patients diagnosed with degenerative scoliosis as an adjunct to pedicle screw fixation. These patients should be skeletally mature and have had six months of non-operative treatment. These implants may be implanted via a minimally invasive or open lateral or oblique approach. Infuse™ bone graft is not indicated for use in patients with this condition.

The Pivox™ oblique lateral spinal system plate and bone screw components are indicated as a supplemental fixation device for the lumbosacral levels, anterior below the bifurcation (L5-S1) of the vascular structures, and oblique or lateral above the bifurcation (L1-L5) of the vascular structures. The indications and contraindications of spinal instrumentation systems should be understood by the surgeon. The plate and bone screw components are indicated for use in the temporary stabilization of the anterior lumbar spine during the development of spinal fusions in patients with: 1) DDD defined by back pain of discogenic origin with degeneration of the disc confirmed by patient history and radiographic studies; 2) trauma (including fractures); 3) tumors; 4) deformity defined as kyphosis, lordosis, or scoliosis; 5) pseudarthrosis; and/or 6) failed previous fusions.

When used together, the Pivox™ oblique lateral spinal system components can be used to treat patients with DDD at one or two contiguous levels from L2 to S1 (except as defined for use with Infuse™ bone graft above). These DDD patients may also have up to Grade 1 spondylolisthesis or retrolisthesis at the involved levels.

Coding and reimbursement assistance

SpineLine™

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

Email: RS.CSTreimbursementssupport@medtronic.com

Web: medtronic.com/SpineLine

References

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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For additional reimbursement information
contact the SpineLine™ Reimbursement
Support Center at
(877) 690-5353.

Please see the package insert for the complete
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other important medical information.

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correctly lies with the healthcare provider
ultimately, and we urge you to consult with your
coding advisors and payers to resolve any billing
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each individual patient. Physicians should
confirm inpatient or outpatient admission
criteria before selecting site of service.

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