Mobi-C® Cervical Disc Coding Reference Guide

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The Mobi-C® Cervical Disc is indicated in skeletally mature patients for reconstruction of the disc from C3-C7 following discectomy at one level or two contiguous levels for intractable radiculopathy (arm pain and/or a neurological deficit) with or without neck pain, or myelopathy due to abnormality localized to the level of the disc space and at least one of the following conditions confirmed by radiographic imaging (CT, MRI, X-rays): herniated nucleus pulpous, spondylosis (defined by the presence of osteophytes), and/or visible loss of disc height compared to adjacent levels. The Mobi-C Cervical Disc is implanted using an anterior approach. Patients should have failed at least 6 weeks of conservative treatment or demonstrated progressive signs or symptoms despite nonoperative treatment prior to implantation of the Mobi-C Cervical Disc.

Physician	
CPT® Code	**CPT Description**
Insertion	
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (list separately in addition to code for primary procedure)
Revision	
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list separately in addition to code for primary procedure)
Removal	
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list separately in addition to code for primary procedure)

Hospital Inpatient			
ICD-10-PCS Procedure Code and Description		**Medicare Severity-Diagnosis Related Group (MS-DRG) and Description***	
0RR30JZ	Replacement of Cervical Vertebral Disc with Synthetic Substitute, Open Approach	518	Back and Neck Procedures except Spinal Fusion with MCC or Disc Device/Neurostimulator
0RP33JZ	Removal of Synthetic Substitute from Cervical Vertebral Disc, Open Approach		
0RW30JZ	Revision of Synthetic Substitute in Cervical Vertebral Disc, Open Approach		

MCC – Major Complication and/or Comorbidity
* Other MS-DRGs may be applicable

Hospital Outpatient and Ambulatory Surgery Center (ASC)				
CPT Code	**CPT Description**	**OPPS Status Indicator**	**APC**	**ASC Payment Indicator**
Insertion				
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	J1	5116	NA
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (list separately in addition to code for primary procedure)	N	--	NA
Revision				
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	C	--	NA
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list separately in addition to code for primary procedure)	C	--	NA
Removal				
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	C	--	NA
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list separately in addition to code for primary procedure)	C	--	NA

OPPS – Outpatient Prospective Payment System; APC – Ambulatory Payment Classification
Status Indicator J1 – Hospital Part B services paid through a comprehensive APC.Paid under OPPS; all covered Part B services on the claim are packaged with the primary "J1" service, with limited exceptions. C – Not paid under OPPS;
APC 5116 – Level 6 Musculoskeletal Procedures
NA - This procedure is not on Medicare's List of ASC Covered Surgical Procedures.

HCPCS (Healthcare Common Procedure Coding System)	
HCPCS Code	**HCPCS Description**
C1889	Implantable/insertable device for device intensive procedure, not otherwise classified

Note: HCPCS codes report devices used in conjunction with outpatient procedures billed and paid for under the Medicare OPPS

For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or reimbursement@zimmerbiomet.com, or visit our reimbursement website at reimbursement.zimmerbiomet.com

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