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			
Insertion			
Ø Medical and Surgical **R** Upper Joints **R** Replacement			
Body Part	**Approach**	**Device**	**Qualifier**
3 Cervical Vertebral Disc	**Ø** Open	**J** Synthetic Substitute	**Z** No Qualifier
Revision *(Correcting a malfunctioning or displaced device by taking out or putting in components of the device, but not the entire device/all components of the device, such as a screw or pin)*			
Ø Medical and Surgical **R** Upper Joints **W** Revision			
3 Cervical Vertebral Disc	**Ø** Open	**J** Synthetic Substitute	**Z** No Qualifier
Removal *(For revisions involving the removal and insertion of all components of a device, code the root operation REMOVAL in addition to the root operation REPLACEMENT from the list above)*			
Ø Medical and Surgical **R** Upper Joints **P** Removal			
3 Cervical Vertebral Disc	**Ø** Open	**J** Synthetic Substitute	**Z** No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	**Description**
518	Back and Neck Procedures except Spinal Fusion with MCC or Disc Device/Neurostimulator

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**	**Ambulatory Payment Classification**	**ASC Payment Indicator**
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	J8
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	--	N1
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	C	--	NA
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
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

OPPS - Medicare's Outpatient Prospective Payment System
APC 5116: Level 6 Musculoskeletal Procedures
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 – Inpatient Procedure. Not paid under OPPS, N – Items and services packaged into APC rates for other services. Payment Indicator J8 – Device-intensive procedure; paid at adjusted rate; N1 - Packaged service/item; no separate payment made; NA - This procedure is not on Medicare's List of ASC Covered Surgical Procedures.

HCPCS (Healthcare Common Procedure Coding System)	
Code	**Description**
C1776	Joint device (implantable)

C-codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare's Outpatient Prospective Payment System (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 zimmerbiomet.com/reimbursement

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