

# Stand Alone Cervical Fusion Device Coding Reference Guide

Alta™ Anterior Cervical Discectomy and Fusion (ACDF) System  
 Optio-C® Anterior Cervical System  
 ROI-C® Cervical Cage System  
 Solitaire-C™ Cervical Spacer System

Physician	
CPT® Code	Description
<b>22853</b>	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)

Hospital Inpatient: ICD-10-PCS Code and Description			
Ø Medical and Surgical R Upper Joints G Fusion			
Body Part	Approach	Device	Qualifier
<b>1</b> Cervical Vertebral Joint <b>2</b> Cervical Vertebral Joints, 2 or more <b>4</b> Cervicothoracic Vertebral Joint	Ø Open	<b>A</b> Interbody Fusion Device	Ø Anterior Approach, Anterior Column

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	Description
The MS-DRG will be assigned based upon the patient's diagnosis(es) and the procedure(s) performed.	
453	Combined Anterior/Posterior Spinal Fusion with MCC
454	Combined Anterior/Posterior Spinal Fusion with CC
455	Combined Anterior/Posterior Spinal Fusion without CC/MCC
471	Cervical Spinal Fusion with MCC
472	Cervical Spinal Fusion with CC
473	Cervical Spinal Fusion without CC/MCC

CC – Complication and/or Comorbidity. MCC – Major Complication and/or Comorbidity.

\*Other MS-DRGs may be applicable. MS-DRG will be determined by the patient's diagnosis and any procedure(s) performed.

Hospital Outpatient and Ambulatory Surgical Center (ASC)				
CPT® Code	Description	OPPS Status Indicator	Ambulatory Payment Classification	ASC Payment Indicator
<b>22853</b>	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	--	N1

OPPS - Medicare's Outpatient Prospective Payment System.

Status Indicator: N – Payment is packaged into payment for other services; no separate APC payment

Payment Indicator: N1 - Packaged service/item; no separate payment.

## HCPCS (Healthcare Common Procedure Coding System)

Code	Description
<b>C1889</b>	Implantable/insertable device for device intensive procedure, not otherwise classified

Note: C-codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare's Outpatient Prospective Payment System (OPPS).

### Coding Guidance

- In reference to a question about the proper coding of a modular stand-alone interbody fusion device with screw fixation or other mechanisms, CPT Assistant March 2015 stated that “an additional anterior instrumentation code (22845) is not applicable because there is no separate construct placed across the vertebral segment”
- The North American Spine Society (NASS) specifically addressed these types of devices in a November/December 2007 SPINE LINE article, stating: “the term construct implies the use of an additional device placed on the spine to further enhance stability. An additional anterior instrumentation code (22845) is not included because there is not a separate construct placed across the vertebral segment.”

**For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or [reimbursement@zimmerbiomet.com](mailto:reimbursement@zimmerbiomet.com), or visit our reimbursement web site at [zimmerbiomet.com/reimbursement](http://zimmerbiomet.com/reimbursement).**

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