

Stand Alone Lumbar and Thoracolumbar Fusion Device Coding Reference Guide

Durango® ALIF System

The Durango is a lumbar intervertebral body fusion device, intended for spinal fusion procedures to be used with autogenous bone graft in skeletally mature patients with degenerative disc disease (DDD) at one or two contiguous spinal levels from L2-S1.

ROI-A® ALIF Lumbar Cage and ROI-T® TLIF Cage

The ROI-A and ROI-T Implant Systems are lumbar intervertebral body fusion devices, intended for spinal fusion procedures to be used with autogenous bone graft in skeletally mature patients with degenerative disc disease (DDD) at one or two contiguous spinal levels from L2-S1.

Timberline® Lateral Fusion System and Timberline® MPF Lateral Fixation System

Timberline is a lumbar intervertebral body fusion device, intended for spinal fusion procedures to be used with autogenous bone graft in skeletally mature patients with degenerative disc disease (DDD) at one or two contiguous spinal levels from L2-S1. It can also be used as a vertebral body replacement, for use to replace a vertebral body that has been resected or excised due to tumor or trauma/fracture in the thoracolumbar spine (from T1 to L5). The Timberline system is to be combined with supplemental fixation.

Physician	
CPT® Code	Description
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)
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (list separately in addition to code for primary procedure)

Hospital Inpatient: ICD-10-PCS Code and Description			
Upper Joints			
Ø Medical and Surgical R Upper Joints G Fusion			
Body Part	Approach	Device	Qualifier
6 Thoracic Vertebral Joint 7 Thoracic Vertebral Joints, 2 to 7 A Thoracolumbar Vertebral Joint	Ø Open	A Interbody Fusion Device	Ø Anterior Approach, Anterior Column
Lower Joints			
Ø Medical and Surgical S Lower Joints G Fusion			
Body Part	Approach	Device	Qualifier
Ø Lumbar Vertebral Joint 1 Lumbar Vertebral Joint, 2 or more 3 Lumbosacral Joint	Ø Open	A Interbody Fusion Device	Ø Anterior Approach, Anterior Column

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	Description
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
456	Spinal Fusion Exc Cerv with Spinal Curv/Malig/Infec or Ext Fusion with MCC
457	Spinal Fusion Exc Cerv with Spinal Curv/Malig/Infec or Ext Fusion with CC
458	Spinal Fusion Exc Cerv with Spinal Curv/Malig/Infec or Ext Fusion without CC/MCC
459	Spinal Fusion Except Cervical with MCC
460	Spinal Fusion Except Cervical without 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 Surgery Center (ASC)				
CPT® Codes	Description	OPPS Status Indicator	Ambulatory Payment Classification	ASC Payment Indicator
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	--	N1
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (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
C1889	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).

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

Current Procedural Terminology (CPT®) copyright 2017 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Zimmer Biomet Coding Reference Guide Disclaimer

The information in this document was obtained from third party sources and is subject to change without notice, including as a result in changes in reimbursement laws, regulations, rules and policies. All content in this document is informational only, general in nature and does not cover all situations or all payers' rules or policies. The service and the product must be reasonable and necessary for the care of the patient to support reimbursement. Providers should report the procedure and related codes that most accurately describe the patients' medical condition, procedures performed and the products used. This document represents no promise or guarantee by Zimmer Biomet regarding coverage or payment for products or procedures by Medicare or other payers. Providers should check Medicare bulletins, manuals, program memoranda, and Medicare guidelines to ensure compliance with Medicare requirements. Inquiries can be directed to the provider's respective Medicare Administrative Contractor, or to appropriate payers. Zimmer Biomet specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on information in this guide.