

# Mobi-C<sup>®</sup> Cervical Disc Coding Reference Guide



The Mobi-C<sup>®</sup> 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 pulposus, 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 <sup>®</sup> Code | CPT Description  |
| <b>Insertion</b>      |  |
| <b>22856</b>          | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical  |
| <b>22858</b>          | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (list separately in addition to code for primary procedure) |
| <b>Revision</b>       |  |
| <b>22861</b>          | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical  |
| <b>0098T</b>          | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list separately in addition to code for primary procedure)   |
| <b>Removal</b>        |  |
| <b>22864</b>          | Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical   |
| <b>0095T</b>          | 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   |          |                               |                       |
|---|----------|-------------------------------|-----------------------|
| <b>Insertion</b>  |          |                               |                       |
| Ø Medical and Surgical<br>R Upper Joints<br>R Replacement   |          |                               |                       |
| Body Part   | Approach | Device                        | Qualifier             |
| <b>3</b> Cervical Vertebral Disc  | Ø Open   | <b>J</b> Synthetic Substitute | <b>Z</b> No Qualifier |
| <b>Revision</b> <i>(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)</i> |          |                               |                       |
| Ø Medical and Surgical<br>R Upper Joints<br>W Revision  |          |                               |                       |
| <b>3</b> Cervical Vertebral Disc  | Ø Open   | <b>J</b> Synthetic Substitute | <b>Z</b> No Qualifier |
| <b>Removal</b> <i>(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)</i>    |          |                               |                       |
| Ø Medical and Surgical<br>R Upper Joints<br>P Removal   |          |                               |                       |
| <b>3</b> Cervical Vertebral Disc  | Ø Open   | <b>J</b> Synthetic Substitute | <b>Z</b> 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 osteophylectomy 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 osteophylectomy 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  |
| C1889   | Implantable/insertable device for device intensive procedure, not otherwise classified |

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](mailto:reimbursement@zimmerbiomet.com), or visit our reimbursement website at [zimmerbiomet.com/reimbursement](http://zimmerbiomet.com/reimbursement)**

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