2024 Quick Reference Guide – The Vertiflex™ Procedure†

Ambulatory Surgery Center

Coding and Payment Guide for Medicare Reimbursement: The following are the 2024 Medicare coding and national payment rates for Interspinous Spacer procedures performed in an ambulatory surgical center.

CPT®[1]	Description	Multiple Procedure Discounting[2]	Status Indicator[3]	Medicare National Average Payment[4]
Interspinous Spacer Coding				
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without opendecompression or fusion, including image guidance when performed, lumbar; single level	Y	J8	$10,511
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	N	N1	Packaged
HCPCS Level II Descriptors				
C1821	Interspinous process distraction device (implantable)			

†Superion® Indirect Decompression System

See Important notes on the uses and limitations of this information on Page 2

Indications for Use: The Superion™ Indirect Decompression System (IDS) is indicated to treat skeletally mature patients suffering from pain, numbness, and/or cramping in the legs (neurogenic intermittent claudication) secondary to a diagnosis of moderate degenerative lumbar spinal stenosis, with or without Grade 1 spondylolisthesis, having radiographic evidence of thickened ligamentum flavum, narrowed lateral recess, and/or central canal or foraminal narrowing. The Superion™ Interspinous Spacer is indicated for those patients with impaired physical function who experience relief in flexion from symptoms of leg/buttock/groin pain, with or without back pain, who have undergone at least 6 months of non-operative treatment. The Superion Interspinous Spacer may be implanted at one or two adjacent lumbar levels in patients in whom treatment is indicated at no more than two levels, from L1 to L5. Contraindications, warnings, precautions, side effects. The Superion Indirect Decompression System (IDS) is contraindicated for patients who: have spinal anatomy that prevent implantation of the device or cause the device to be unstable in situ (i.e., degenerative spondylolisthesis greater than grade 1), Cauda equina syndrome, or prior decompression or fusion at the index level. Refer to the Instructions for Use provided on www.vertiflex.com for additional Indications for Use, contraindications information and potential adverse effects, warnings, and precautions prior to using this product. Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

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2. In the case that multiple procedures are billed and coded, payment is typically made at 100% of the rate for the first procedure, and 50% of the rate for the second and all succeeding procedures. Such procedures subject to this discounting are marked "Y". However, procedure marked "N" are not subject to discounting, and are paid at 100% in full, regardless of whether they are submitted with other procedures.

3. ASC Status indicators: J8:Device-intensive procedure; paid at adjusted rate. N1: Packaged service/item; no separate payment made.

4. 2024 Medicare National Average payment rates, unadjusted for wage. "National Average Payment" is the amount Medicare determines to be the maximum allowance for any Medicare covered procedure. These are national average payment amounts, individual payments may vary based on locality and Medicare's geographic adjustments.

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