



2024 Quick Reference Guide – The Vertiflex™ Procedure†

Hospital Outpatient

Coding and Payment Guide for Medicare Reimbursement: The following are the 2024 Medicare coding and national payment rates for Interspinous Spacer procedures performed in the outpatient hospital setting. Comprehensive Ambulatory Payment Classification (C-APCs) are effective for services performed in an Outpatient Hospital. A Comprehensive APC, “C-APC” is a single all-inclusive payment for a primary device dependent service and all adjunct services provided to support the delivery of the primary service. APCs with a status indicator of, “J1,” have been designated by CMS as comprehensive APCs.

CPT® ¹	Description	APC ²	Status Indicator ³	Medicare National Average Payment ⁴
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Interspinous Spacer Coding

22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	5115	J1	\$12,553
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	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 Superior™ 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 Superior™ 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 Superior 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 Superior 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. 42 CFR Parts 411, 412, 416, 419, 422, 423, and 424 [CMS-1786-FC]
3. J1: Hospital Part B services paid through a comprehensive APC. N: Items and Services Packaged into APC Rates
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. Actual payment will vary based on the maximum allowance less any applicable deductibles, co-insurance etc.

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