



2024 Quick Reference Guide – The Vertiflex™ Procedure†

Physician Reimbursement 2024

Coding and Payment Guide for Medicare Reimbursement: The following are the 2024 Medicare coding and national physician payments rates for the insertion of interspinous spacers

CPT ^{1,2}	Description	Global Period	Total RVUs ³	Non-Facility National Average Payment ⁴	Facility 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	90	13.01	N/A	\$426
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)	ZZZ ⁵	3.49	N/A	\$114

ICD-10-CM Diagnosis Code⁶

M48.062 Spinal stenosis, lumbar region with neurogenic claudication

†Superion® Indirect Decompression System

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. Multiple procedure reduction rules apply for procedures (excluding programming codes). Quantity of devices used in each procedure must be specified for appropriate payment. Payment rates provided are Medicare national average rates for each specified procedure with quantity = 1.

3. Department of Health and Human Services. Centers for Medicare and Medicaid Services. The 2024 National Average Medicare physician payment rates have been calculated using a revised conversion factor of 32.7442 which reflects changes effective as of calendar year 2024.

4. "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.

5. ZZZ: Add-on code that you must bill with another service. No post-operative work included.

6. ICD-10-CM Expert for Physicians: The Complete Official Code Set. Optum360, 2023.

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