

2021 Quick Reference Guide –The Vertiflex™ Procedure†

Physician Reimbursement

CY 2021 Medicare Physician Payments for Interspinous Spacers

CPT ^{1,2}	Description	Global Period	Total RVU ³	Non-Facility National Average Payment ⁴	Facility National Average Payment ⁴
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	13.09 (Facility)	N/A	\$424
(+) 22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level	ZZZ ⁵	3.57 (Facility)	N/A	\$116

ICD-10-CM Diagnosis Code⁶

M48.062 Spinal stenosis, lumbar region with neurogenic claudication

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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Sequestration Disclaimer: Rates referenced in these guides do not reflect Sequestration; automatic reductions in federal spending that will result in a 2% across-the-board reduction to ALL Medicare rates as of January 1, 2021. (Budget Control Act of 2011)

†Superion™ Indirect Decompression System

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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 2021 National Average Medicare physician payment rates have been calculated using a revised 2020 conversion factor of 36.0896 which reflects changes effective as of calendar year 2021.

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, 2020.