FY 2021 Quick Reference Guide – Neuromodulation

Inpatient Hospital Coding and Payment Guide for the Vertiflex® Procedure†

October 2020-September 2021

Coding and Payment Guide for Medicare Reimbursement: The information below represents FY2021 Medicare coding and base payment rates for Interspinous Spacer procedures performed in the inpatient hospital setting. The inpatient system uses Medical Severity Diagnosis Related Groups (MS-DRGs) to align resources associated with the patient's diagnosis. The most common MS-DRGs for Interspinous Spacer procedures are outlined below. This does not represent an exhaustive list of Interspinous Spacer procedures.

ICD-10 Procedure Codes associated with Interspinous Spacers

ICD-10-PCS[1]	ICD-10-PCS Description
0SH03BZ	Insertion of Interspinous Process Spinal Stabilization Device into Lumbar Vertebral Joint, Percutaneous Approach

MS-DRGs associated with Interspinous Spacers[2]

MS-DRG	Description	Base Payment[3]
518	Back and Neck Procedures Except Spinal Fusion with MCC or Disc Device/ Neurostimulation	**$23,038**

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 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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†Superion® Indirect Decompression System

1. 2021 Final Code Set Reference.
2. Most common MS-DRGs for Interspinous Spacers procedures based on Medicare claims data. Boston Scientific does not promote the use of its products outside FDA approved label.
3. Medicare National average base MS-DRG payment amounts (for urban areas) as of October 1, 2020 based on most common diagnoses for Interspinous Spacers. These are national average payment amounts, individual payments may vary based on locality and Medicare's geographic adjustments. Academic teaching and disproportionate share hospitals may qualify for additional payment amounts in addition to the base MS-DRG.
4. The list of Local Medicare contractors above is not an exhaustive list. To identify contractors and their websites in your state refer to: https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs

Neuromodulation
25155 Rye Canyon Loop
Valencia, CA 91355
www.bostonscientific.com

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