



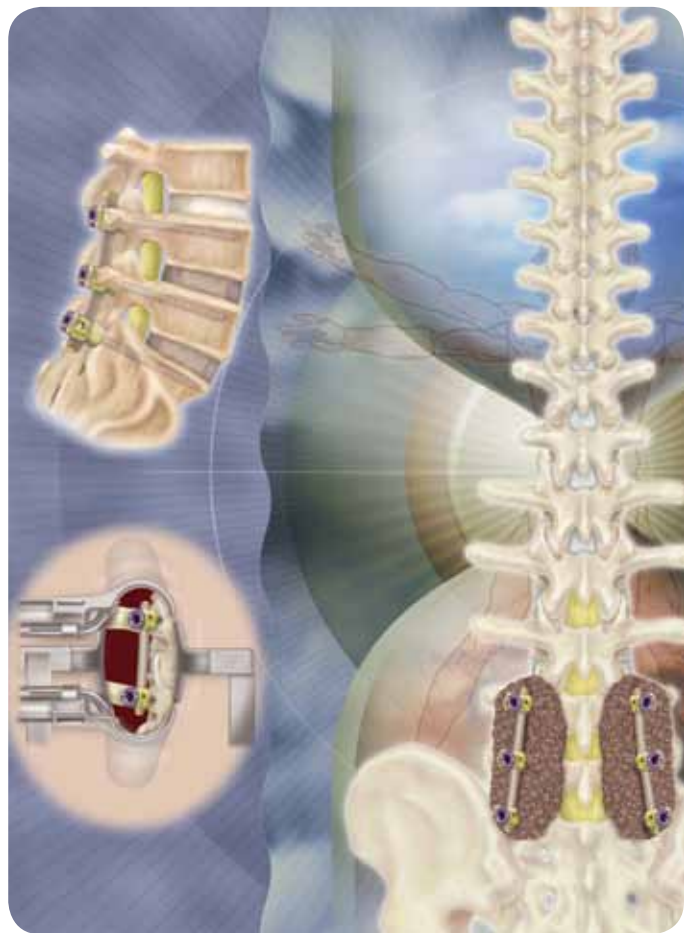
CD HORIZON[®] LEGACY[™] PEEK ROD

Spinal System

Reimbursement Guide

This information is assembled to assist physicians and facilities when claiming reimbursement for healthcare services related to the CD HORIZON[®] LEGACY[™] PEEK Rod System.

The CD HORIZON[®] LEGACY[™] PEEK Rod System utilizes rods that are made of Polyetheretherketone (PEEK), a semi-crystalline thermoplastic polymer that meets all biocompatibility requirements and has a long history of use in surgical implants. When combined with CD HORIZON[®] Spinal System-based pedicle screws and a minimally invasive approach option, such as the MAST QUADRANT[™] Retractor Set, the CD HORIZON[®] LEGACY[™] PEEK Rod System stabilizes the affected segment.



The materials and information cited here are provided to assist in obtaining coverage and reimbursement for healthcare services. However, there can be no guarantee or assurances that it will not become outdated, without the notice of Medtronic, or that the government or other payors may not differ with the guidance contained here. The responsibility for coding correctly lies with the healthcare provider ultimately, and we urge you to consult with your coding advisors to resolve any billing questions that you may have. All products should be used according to their labeling.

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Physician Coding and Reimbursement

CPT codes are assigned a Relative Value Unit (RVU) that is multiplied by a conversion factor to determine the physician's reimbursement. Medicare and most indemnity insurance companies use a regional relative value "fee" schedule to pay physicians for professional services. Industrial or work-related injury cases are usually reimbursed according to the official fee schedule for each state.

The following CPT codes may be appropriate for the implantation of the CD HORIZON® LEGACY™ PEEK Rod System.

CPT Code	Description	RVUs	2010 Medicare Payment*
22840	Posterior non-segmental instrumentation (e.g., Harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation)	20.70	\$747
22842	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 – 6 vertebral segments	20.73	\$748

- Calculated for 2010 RVU (no geographic adjustment) × Medicare Conversion Factor for 2010.
Source: Medicare Physician Fee Schedule, Final Rule. Federal Register, November 25, 2009. Department of Defense Appropriations Act of 2010.
- Check bundling edits before applying and submitting codes for payment.

Coding Example

One-Level Posterior Interbody Fusion performed at L5 – S1 with structural autograft; insertion of CD HORIZON® LEGACY™ PEEK Rod System at L5 – S1.

22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
22840	Posterior non-segmental instrumentation
20938	Autograft for spine surgery only; structural, bicortical or tricortical (through separate skin or fascial incision)

Coding Example

Two-Level Posterior Interbody Fusion performed at L4 – L5 and L5 – S1 with structural autograft; insertion of CD HORIZON® LEGACY™ PEEK Rod System at L4 – S1.

22630	Arthrodesis, posterior interbody technique; including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
22632	Each additional interspace
22842	Posterior segmental instrumentation; 3 – 6 vertebral segments
20938	Autograft for spine surgery only; structural, bicortical or tricortical (through separate skin or fascial incision)

Facility Coding and Reimbursement

The ICD-9-CM code for instrumentation is 78.59: internal fixation of bone without fracture reduction. The use of instrumentation is included in the fusion procedure code; therefore, it should not be reported separately.

The CD HORIZON® LEGACY™ PEEK Rod System is approved as an adjunct to fusion of the lumbar spine. Typically, lumbar spinal fusions are grouped to the following DRGs.

Medicare Severity-Diagnosis Related Group (MS-DRG) Assignment

MS-DRG	Description*	MDC	Relative Weight	FY'10 Medicare Payment
028	Spinal Procedures with MCC	1	5.1090	\$28,878
029	Spinal Procedures with CC or Spinal Neurostimulator	1	2.7768	\$15,696
030	Spinal Procedures without CC/MCC	1	1.6019	\$9,055
453	Combined Anterior/Posterior Spinal Fusion with MCC	8	10.0108	\$56,585
454	Combined Anterior/Posterior Spinal Fusion with CC	8	6.9533	\$39,303
455	Combined Anterior/Posterior Spinal Fusion without CC/MCC	8	5.0197	\$28,373
456	Spinal Fusion Except Cervical with Spinal Curvature/Malignancy/Infection or 9+ Fusions with MCC	8	8.7412	\$49,409
457	Spinal Fusion Except Cervical with Spinal Curvature/Malignancy/Infection or 9+ Fusions with CC	8	5.9617	\$33,698
458	Spinal Fusion Except Cervical with Spinal Curvature/Malignancy/Infection or 9+ Fusions without CC/MCC	8	4.8966	\$27,678
459	Spinal Fusion Except Cervical with MCC	8	6.1506	\$34,766
460	Spinal Fusion Except Cervical without MCC	8	3.7097	\$20,969
907	Other O.R. Procedures for Injuries with MCC	21	3.0872	\$21,520
908	Other O.R. Procedures for Injuries with CC	21	1.8736	\$10,590
909	Other O.R. Procedures for Injuries without CC/MCC	21	1.1135	\$6,294
957	Other O.R. Procedures for Multiple Significant Trauma with MCC	24	6.2993	\$35,606
958	Other O.R. Procedures for Multiple Significant Trauma with CC	24	3.6544	\$20,656
959	Other O.R. Procedures for Multiple Significant Trauma without CC/MCC	24	2.2000	\$12,435

- Assumes payment for a hospital with a wage index and geographic adjustment factor of 1.000.
- Medicare payment = DRG relative weight x (labor standardized amount + non-labor standardized amount + capital).
- DRGs, Relative Weights and payments obtained from Medicare's FY2010 Hospital Inpatient Prospective Payment System Final Rule. Federal Register, August 27, 2009 and FY2010 Updated Medicare Hospital Inpatient Prospective Payment System, October 5, 2009.

* MDC = Major Diagnostic Category

Coding Example

One-Level Posterior Interbody Fusion performed at L5 – S1 with discectomy and structural autograft; insertion of CD HORIZON® LEGACY™ PEEK Rod System at L5 – S1.

81.08	Lumbar and lumbosacral fusion, posterior technique
80.51	Discectomy
81.62	Fusion or refusion of 2 – 3 vertebrae

Instrumentation and autograft are included in the fusion code and would not be reported separately.

Coding Example

Two-Level Posterior Interbody Fusion performed at L4 – L5 and L5 – S1 with discectomy and structural autograft; insertion of CD HORIZON® LEGACY™ PEEK Rod System at L4 – S1.

81.08	Lumbar and lumbosacral fusion, posterior technique
80.51	Discectomy
81.62	Fusion or refusion of 2 – 3 vertebrae

Instrumentation and autograft are included in the fusion code and would not be reported separately.

Outpatient Reimbursement

The CD HORIZON® LEGACY™ PEEK Rod System is part of an instrumented spinal fusion procedure. All instrumented spinal fusion procedures are on Medicare’s “Inpatient List” and thus are only paid when provided in an inpatient setting. Please contact the respective payer regarding coverage and payment of this procedure by commercial insurance in the outpatient setting.

Coding And Reimbursement Assistance

Medtronic’s SPINELINE® Support Line provides support for coding, billing and reimbursement assistance for spinal procedures performed using Medtronic products.

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