2024

CPT® Coding
Coflex® Interlaminar Stabilization® with Open Decompression

XTANT MEDICAL

PHYSICIAN SERVICES

CPT CODE	DESCRIPTION[1]	TOTAL MEDICARE RVUs[2]	2024 MEDICARE NATIONAL AVERAGE PAYMENT[3]	GLOBAL PERIOD[2]
22867	Insertion of an interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar, single level	32.470	$1,063.20	90
+22868	Additional level	7.250	$237.40	ZZZ

HOSPITAL OUTPATIENT

CPT CODE	DESCRIPTION	APC[4]	C-APC DESCRIPTION[4]	STATUS INDICATOR[4]	2024 MEDICARE NATIONAL AVERAGE PAYMENT[5]	GLOBAL PERIOD[2]
22867	Insertion of an interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar, single level	5116	Level 6 Musculoskeletal Procedures	J1	$17,774.75	90
+22868	Additional level	NA	NA	N	$0 Packaged Service	ZZZ
C1889	Implantable/ insertable device, not otherwise classified[6]	NA	NA	N	No separate payment under Medicare (Commercial contracts may vary)	NA

AMBULATORY SURGERY CENTER

CPT CODE	DESCRIPTION	PAYMENT INDICATOR[7]	2024 MEDICARE NATIONAL AVERAGE PAYMENT[7]	GLOBAL PERIOD[2]
22867	Insertion of an interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar, single level	J8	$14,082.47	90
+22868	Additional level	N1	$0 Packaged Service	ZZZ
C1889	Implantable/ insertable device, not otherwise classified[6]	N1	No separate payment under Medicare (Commercial contracts may vary)	NA

HOSPITAL INPATIENT

ICD-10-PCS CODE	DESCRIPTION[8]		GLOBAL PERIOD[2]
0SB00ZZ	Excision/Lumbar Vertebral Joint, Open Approach	DRG 518 Back and Neck Procedures Except Spinal Fusion with MCC or Disc Device/ Neurostimulator[9] $25,568	90
00NY0ZZ	Release Lumbar Spinal Cord, Open Approach		90
0SH00BZ	Insertion of Interspinous Process Spinal Stabilization Device into Lumbar Vertebral Joint, Open Approach		90

STATUS & PAYMENT INDICATORS

INDICATOR	DESCRIPTION
J1	Services paid through Comprehensive APC
N	Items and Services Packaged into APC Rates; no additional payment under Medicare
J8	Device-intensive procedure: payment amount adjusted to incorporate device cost
N1	Packaged service or item; no separate payment made under Medicare
ZZZ	Add on code billed with another service

COMMONLY REPORTED DIAGNOSIS CODES[10]

ICD-10-CM CODE	DESCRIPTION
M48.061	Spinal Stenosis, lumbar region without neurogenic claudication
M48.062	Spinal Stenosis, lumbar region with neurogenic claudication
M43.16	Spondylolisthesis, lumbar region
M51.36	Other intervertebral disc degeneration, lumbar region
M99.23	Subluxation stenosis of neural canal of lumbar region
M99.43	Connective tissue stenosis of neural canal of lumbar region
M99.53	Intervertebral disc stenosis of neural canal of lumbar region
M99.63	Osseous and subluxation stenosis of intervertebral foramina of lumbar region
M99.73	Connective tissue and disc stenosis of intervertebral foramina of lumbar region

Current as of 2024

Coflex®
Interlaminar Stabilization®

INDICATIONS FOR USE

The Coflex Interlaminar technology is an interlaminar stabilization device indicated for use in one or two level lumbar stenosis from L1-L5 in skeletally mature patients with at least moderate impairment in function, who experience relief in flexion from their symptoms of leg/buttocks/groin pain, with or without back pain, and who have undergone at least 6 months of non-operative treatment. The Coflex is intended to be implanted midline between adjacent lamina of 1 or 2 contiguous lumbar motion segments. Interlaminar stabilization is performed after decompression of stenosis at the affected level(s).

1. CPT® 2024 Professional Edition, 2024 American Medical Association (AMA); CPT® is a trademark of the AMA. All Rights Reserved.
2. Total RVU (Relative Value Unit) – Total includes work RVU, Facility Practice Expense RVU and Malpractice RVU; 2024 Medicare Physician Fee Schedule, Final Rule, www.cms.gov.
3. 2024 Medicare National Average equals total Physician facility RVU multiplied by conversion factor $32.7442, effective January 1, 2024: CMS-1770-F, www.cms.gov., Addendum B - 2024
4. A comprehensive APC (C-APC) results in one bundled payment for the provision of a primary service and all adjunctive services provided to support the delivery of the primary service. Status Indicator J1 = all services are packaged.
5. 2024 Medicare Outpatient Prospective Payment System Final Rule: CMS-1772-FC, www.cms.gov., Addendum B - 01/01/2024
6. 2024 HCPCS Level II Expert AAPC; reference www.cms.gov.
7. 2024 Medicare ASC Fee Schedule Final Rule: CMS-1772-FC, www.cms.gov., Addendum B - 01/01/2024
8. 2024 ICD-10-PCS Expert Edition Optum 360 Coding.
9. 2024 ICD-10-CM Expert Edition Optum 360 Coding. Sample diagnosis codes reflect FDA cleared indication for use. Not an exhaustive list.

It is the responsibility of the healthcare provider to determine the best treatment for each patient based on each patient's condition and diagnosis. The codes denoted within are suggestions only. This information should not be construed as authoritative. Codes and values are subject to frequent change without notice. The entity billing Medicare and/or third party payors is solely responsible for the accuracy of the codes assigned to the services and items in the medical record. Therefore healthcare providers must use great care and validate billing and coding requirements ascribed by payors with whom they work. When making coding decisions, we encourage you to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which you submit claims. All data referenced herein are based on publicly available information.

See product insert for complete labeling limitations related to this device.
US FDA PMA P110008. October 2012.

FOR COVERAGE ACCESS SUPPORT, CONTACT:

1-888-813-1790
Coflexreimbursement@xtantmedical.com

Available Monday – Friday,
8:00am – 5:00pm PST

The information contained in this document has been prepared to assist you in understanding the reimbursement process. It is not intended to increase or maximize reimbursement by any payor. We strongly suggest that you consult your payor organization with regard to local reimbursement policies. The information contained in this document is provided for information purposes only, and represents no statement, promise or guarantee by Xtant Medical, Inc. concerning levels of reimbursement, payment, charge, or that third-party reimbursement will be made.

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