



HOSPITAL OUTPATIENT AND FREE-STANDING ASC RECOMMENDATIONS

		Hospital Outpatient			Ambulatory Surgery Center	
CPT Codes	APC	Description	Status Indicator	2011 Payment Rate ³	Payment Indicator	2011 ASC Payment Rate ⁴
Fusion						
22558			C			
22612	0208	Laminotomies and laminectomies	T	\$3,535.92		
22630			C			
Instrumentation						
22840			C			
22851	0049	Level I Musculoskeletal procedures, except hand and foot	T	\$1,582.38		
Graft						
20930			C			
20936			C			
20937			C			

Status indicators: (C) Inpatient only procedure
(T) Multiple procedure reductions apply

ICD-9 Code ¹	ICD-9 Description
77.79	Excision of bone for graft, other
78.09	Bone graft, other
81.07	Lumbar and lumbosacral fusion of the posterior column, posterior technique
81.08	Lumbar and lumbosacral fusion of the posterior column, anterior technique
84.51	Insertion of interbody spinal fusion device

LIKELY HOSPITAL INPATIENT ASSIGNMENT(S)

MS-DRG ²	MS-DRG Description	2011 Medicare National Pmt Average
459	Spinal fusion except cervical with MCC	\$36,333.08
460	Spinal fusion except cervical without MCC	\$21,617.80

HOSPITAL PROCEDURE CODING RECOMMENDATIONS

coflex-F®



Rates and RVUs are for 2011 – Physician, ASC and Outpatient effective 1/1/11. Inpatient effective 10/1/10.

The codes denoted above are recommendations only, which reflect Paradigm Spine's understanding of the identified sources, as prepared by our reimbursement consultants. 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, health care providers must use great care and validate coding requirements ascribed by payors with whom they work. Paradigm Spine assumes no responsibility for coding and cannot recommend codes for specific cases. 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.

- 1) 2011 Expert ICD-9-CM for Hospitals – Volumes 1,2 & 3, 2010, Ingenix
- 2) 2011 DRG Expert, 2010, IPPS Final Rule at www.cms.gov
- 3) 2011 Medicare HOPPS, November 2010, www.cms.gov
- 4) 2011 Medicare ASC Payment Rate, November 2010 www.cms.gov

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PARADIGM SPINE

Reimbursement Management Center
1-888-PYMT411 (1-888-796-8411)
Monday – Friday 7am – 5pm
paradigmreimbursement@mcra.com
<http://paradigmspine.com/reimbursements/usa>

Paradigm Spine, LLC
505 Park Avenue, 14th Floor
New York, NY 10022
212-583-9700
info@paradigmspine.com
www.paradigmspine.com