

## PHYSICIAN CODING RECOMMENDATIONS

coflex-F®



CPT Codes <sup>1</sup>	CPT Description	2011 RVUs <sup>2</sup>
<b>Fusion</b>		
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	45.37
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)	46.97
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar	45.26
<b>Instrumentation</b>		
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation)(List separately in addition to primary procedure)	22.94
22851	Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), threaded bone dowel(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to primary procedure)	12.27
<b>Graft</b>		
20930	Allograft for spine surgery only; morselized (List separately in addition to primary procedure)	0
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from the same incision (List separately in addition to primary procedure)	0
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin incision) (List separately in addition to primary procedure)	5.04

Procedures above may be subject to multiple procedure reductions  
 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) CPT 2011 Professional Edition, 2010, American Medical Association  
 2) Medicare RVUs 2011, www.cms.gov 2010

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[paradigmreimbursement@mcra.com](mailto:paradigmreimbursement@mcra.com)  
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*Paradigm Spine, LLC*  
 505 Park Avenue, 14th Floor  
 New York, NY 10022  
 212-583-9700  
[info@paradigmspine.com](mailto:info@paradigmspine.com)  
[www.paradigmspine.com](http://www.paradigmspine.com)