



COFLEX REIMBURSEMENT SUPPORT CENTER

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PHYSICIAN CODING

Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level¹

CPT 22867¹
**Primary
Procedure**

\$1,020.63

2020 Medicare National Average Payment²

Note: Medicare Average Payment Amounts are calculated here as Total Facility RVUs multiplied by the CY 2020 Final Conversion Factor

CPT 22868¹
Second Level

\$255.52

2020 Medicare National Average Payment²

¹CPT 2020 Professional Edition, 2019 American Medical Association (AMA);

CPT is a trademark of the AMA

²2020 Medicare Physician Fee Schedule, Final Rule, www.cms.gov

HOSPITAL INPATIENT

ICD-10-PCS³ Inpatient Procedure Code Options

05B00ZZ: Excision/Lumbar Vertebral Joint, Open Approach

00NYOZZ: Release Lumbar Spinal Cord, Open Approach

05H00BZ: Insertion of Interspinous Process Spinal Stabilization
Device into Lumbar Vertebral Joint, Open Approach

³ICD-10-PCS Procedure Coding System, 2020 Tables and Index, Medicare/Coding/ICD-10/2017-ICD-10-PCS, www.cms.gov

⁴Medicare Severity Diagnosis Related Group (MS-DRG) Group and Medicare Code Editor (MCE) Version 36 ICD-10 Software, FY 2019 IPPS Final Rule, CMS-1694-CN2 Medicare/PT AcuteInpatientPPS/FY2019-IPPS, www.cms.gov

⁵2020 MS-DRG relative weight multiplied by 2020 rate per IPPS Final Rule, payment rates will vary by facility. Calculation includes labor related, non-labor related and capital payment rates

MS-DRG 518⁴

Back and Neck Procedures Except Spinal Fusion with MCC
or Disc Device/Neurostimulator

\$21,350.58 | 2020 Medicare National Average Payment⁵

HOSPITAL OUTPATIENT

5116 — Level 6 Musculoskeletal Procedures⁶

C-APC 5116⁶

\$16,138.63

2020 Medicare National Average Payment⁷

⁶CMS-1695 – Hospital Outpatient Prospective Payment – Final Rule – Addendum B, www.cms.gov

⁷2020 Medicare Outpatient Prospective Payment System, Final Rule – Addendum B

AMBULATORY SURGERY CENTER

CPT 22867¹
**1 or 2 Level
(+22868¹)**

\$12,262.47⁸

2020 Medicare National Average Payment⁹

⁸2020 payment rate for Medicare Certified Ambulatory Surgery Centers

⁹2020 Medicare Ambulatory Surgery Center – Addenda AA Update 11/1/2019
www.cms.gov

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 values have been rounded to the nearest whole number solely for ease of presentation. All data referenced herein are based on publicly available information.

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).

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

coflexsolution.com



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