

Aspen[®] MIS Fusion System and Alpine XC[™] Adjustable MIS Fusion System UniLink[®] Interspinous Fusion System Coding Reference Guide

The Aspen[®] MIS Fusion System and Alpine XC[™] Adjustable MIS Fusion System are interspinous fixation devices utilized during lumbar spinal fusion procedures and are a posterior fixation device intended to rigidly hold vertebrae together while spinal fusion occurs. They consist of a pair of small, titanium plates connected by a central, hollow barrel with small spikes on the plates that grip the spinous processes for fixation.

The UniLink Interspinous Fusion System is an internal fixation device for spinal surgery in the non-cervical spine (T1-S1 inclusive). It is a minimally invasive, modular interspinous fusion system with straightforward instrumentation. The UniLink Interspinous Fusion System is designed to provide spinal stability for lumbar fusion procedures, including the treatment of degenerative disc disease, spinal tumors and trauma.

Physician	
CPT [®] Code	Description
22899	Unlisted procedure, Spine

Hospital Inpatient: ICD-10-PCS Code and Description			
Upper Joints			
Ø Medical and Surgical R Upper Joints G Fusion			
Body Part	Approach	Device	Qualifier
6 Thoracic Vertebral Joint A Thoracolumbar Vertebral Joint	Ø Open	J Synthetic Substitute	1 Posterior Approach, Posterior Column
Lower Joints			
Ø Medical and Surgical R Lower Joints G Fusion			
Ø Lumbar Vertebral Joint 3 Lumbosacral Joint	Ø Open	J Synthetic Substitute	1 Posterior Approach, Posterior Column

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	Description
The MS-DRG will be assigned based upon the patient's diagnosis(es) and the procedure(s) performed.	
456	Spinal Fusion Exc Cerv with Spinal Curv/Malig/Infec or Ext Fusion with MCC
457	Spinal Fusion Exc Cerv with Spinal Curv/Malig/Infec or Ext Fusion with CC
458	Spinal Fusion Exc Cerv with Spinal Curv/Malig/Infec or Ext Fusion without CC/MCC
459	Spinal Fusion Except Cervical with MCC
460	Spinal Fusion Except Cervical without MCC

CC – Complication and/or Comorbidity. MCC – Major Complication and/or Comorbidity.

*Other MS-DRGs may be applicable. MS-DRG will be determined by the patient's diagnosis and any procedure(s) performed.

Hospital Outpatient and Ambulatory Surgical Center (ASC)

CPT® Code	Description	OPPS Status Indicator	Ambulatory Payment Classification	ASC Payment Indicator
22899	Unlisted procedure, spine	T	5111	NA

OPPS - Medicare's Outpatient Prospective Payment System.

Status Indicator: T – Multiple procedure reduction applies

APC 5111 – Level 1 Musculoskeletal Procedures

Payment Indicator: NA – This procedure is not on Medicare's ASC Covered Procedures List (CPL).

HCPCS (Healthcare Common Procedure Coding System)

Code	Description
C1889	Implantable/insertable device for device intensive procedure, not otherwise classified

Note: HCPCS codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare's Outpatient Prospective Payment System.

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