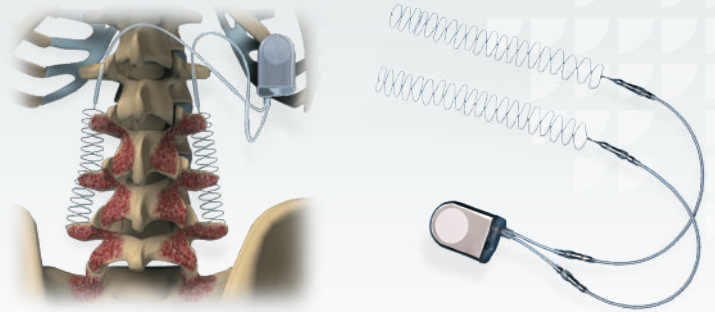


SpF® Implantable Spinal Fusion Stimulators Coding Reference Guide



The SpF PLUS-Mini Implantable Spinal Fusion Stimulators are indicated as a spinal fusion adjunct to increase the probability of fusion success in 1 or 2 levels. The SpF-XL IIb Implantable Spinal Fusion Stimulators are indicated as a spinal fusion adjunct to increase the probability of fusion success in 3 or more levels.



| Physician | |
|-----------|--|
| CPT® Code | Description |
| 20975 | Electrical stimulation to aid bone healing; invasive (operative) |
| Removal | |
| 20680 | Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate) |

| Hospital Inpatient: ICD-10-PCS Code and Description | | | |
|--|----------|-------------------------|----------------|
| Implantation | | | |
| Ø Medical and Surgical Q Lower Bones H Insertion | | | |
| Body Part | Approach | Device | Qualifier |
| Y Lower Bone | Ø Open | MBone Growth Stimulator | Z No Qualifier |
| Removal | | | |
| Ø Medical and Surgical Q Lower Bones P Removal | | | |
| Y Lower Bone | Ø Open | MBone Growth Stimulator | Z No Qualifier |
| Revision | | | |
| Ø Medical and Surgical Q Lower Bones W Revision | | | |
| Y Lower Bone | Ø Open | MBone Growth Stimulator | Z No Qualifier |

| Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)* | |
|---|--|
| MS-DRG | Description |
| 515 | Other Musculoskeletal System and Connective Tissue O.R. Procedure with MCC |
| 516 | Other Musculoskeletal System and Connective Tissue O.R. Procedure with CC |
| 517 | Other Musculoskeletal System and Connective Tissue O.R. Procedure without CC/MCC |
| 495 | Local Excision and Removal Internal Fixation Devices Except Hip and Femur with MCC |
| 496 | Local Excision and Removal Internal Fixation Devices Except Hip and Femur with CC |
| 497 | Local Excision and Removal Internal Fixation Devices Except Hip and Femur without CC/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 Surgery Center (ASC) | | | | |
|---|--|-----------------------|-----------------------------------|-----------------------|
| CPT® Code | Description | OPPS Status Indicator | Ambulatory Payment Classification | ASC Payment Indicator |
| 20975 | Electrical stimulation to aid bone healing; invasive (operative) | N | -- | N1 |
| 20680 | Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate) | Q2 | 5073 | A2 |

OPPS - Medicare's Outpatient Prospective Payment System.

Status Indicator: N – Payment is packaged into payment for other services; no separate APC payment; Q2 – Payment is packaged when provided with a significant procedure but is separately paid when the service appears on the claim without a significant procedure.

APC 5073 – Level 3 Excision/ Biopsy/ Incision and Drainage

Payment Indicator: N1 - Packaged service/item; no separate payment; A2 – Payment based on OPPS relative payment weight.

| HCPCS (Healthcare Common Procedure Coding System) | |
|---|---|
| Code | Description |
| E0749 | Osteogenesis stimulator, electrical, surgically implanted |

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

ZimVie Coding Reference Guide Disclaimer

Providers, not ZimVie, are solely responsible for ensuring compliance with Medicare, Medicaid and all other third-party payer requirements, as well as accurate coding, documentation and medical necessity for the services provided. Before filing claims, providers should confirm individual payer requirements and coverage/medical policies. The information provided in this document is not legal or coding advice; it is general reimbursement information for reference purposes only. It is important to note that ZimVie provides information obtained from third-party authoritative sources and such sources are subject to change without notice, including as a result in changes in reimbursement laws, regulations, rules and policies. This information may not be all-inclusive and changes may have occurred subsequent to publication of this document. This document represents no promise or guarantee by ZimVie regarding coverage or payment for products or procedures by Medicare or other payers. Inquiries can be directed to the provider's respective Medicare Administrative Contractor, or to appropriate payers. ZimVie specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on information in this guide. For complete product information, including indications, contraindications, warnings, precautions, adverse effects etc., please refer to the SpF PLUS-Mini, SpF -XL IIb, EBI, LLC Implantable Spinal Fusion Stimulators Physician's Manual & Full Prescribing Information PN 1067632L at ZimVie.com or by calling or by calling the customer service line at: 1-800-526-6000 x 6000.

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