2021 Surgeon and Facility Coding Information for Cervical Total Disc Replacement with the Simplify® Disc

Simplify® Disc is indicated for use in skeletally mature patients for reconstruction of the disc at one level from C3-C7 following single-level discectomy for intractable radiculopathy (arm pain and/or a neurological deficit) with or without neck pain, or myelopathy due to a single-level abnormality localized to the level of the disc space and manifested by at least one of the following conditions confirmed by radiographic imaging (e.g., X-rays, computed tomography (CT), magnetic resonance imaging (MRI)): herniated nucleus pulposus, spondylosis (defined by the presence of osteophytes), and/or visible loss of disc height as compared to adjacent levels. Patients receiving Simplify® Disc should have failed at least six weeks of non-operative treatment or have the presence of progressive symptoms (e.g., numbness or tingling) prior to implantation. Simplify® Disc is implanted via an open anterior approach.

Surgeon Coding

CPT® (Current Procedural Terminology) codes describe procedures. While the fees assigned to these codes are determined by the surgeon's contracts with each health plan, most plans use Relative Value Units (RVUs) to establish base payment rates for CPT codes. These RVUs are then multiplied by the plan's individual conversion factor. The only publicly available fee schedule is Medicare's, which is typically the baseline for commercial health plan fee schedules.

The following CPT codes may be utilized to bill for the cervical total disc replacement (TDR) procedure as appropriate:

2021 SURGEON PROCEDURE CODING		
	One-Level Indication	**Two-Level Indication**
Insertion	**22856** / Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	**+22858** / Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (list separately in addition to code for primary procedure)
Revision	**22861** / Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	**+0098T** / Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)

Removal	**22864** / Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	**+0095T** / Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list separately in addition to code for primary procedure)

Surgeon and Outpatient/Ambulatory Surgery Center (ASC) Payment

The following table includes the 2021 Medicare National Unadjusted Payment Rates associated with the CPT codes outlined above for the surgeon, as well as for the hospital outpatient and ASC sites of service when billing for a cervical total disc replacement (TDR) procedure:

CPT Code	Surgeon RVUs / Fee Schedule	Hospital Outpatient APC* / Fee Schedule	ASC Fee Schedule**
22856	48.39 / $1,570	5116 / $15,870	$11,870
22858	14.95 / $485	No additional payment (packaged)	No additional payment (packaged)

*Status Indicator J1, Comprehensive APC

**Status Indicator J8, Device-Intensive Procedure

Sources: CY2021 Medicare Physician Fee Schedule, Final Rule, Federal Register, 2020; CY2021 Medicare Outpatient Prospective Payment System, Final Rule, Federal Register, 2020.

Implant Billing

A HCPCS (healthcare common procedure coding system) code is required by Medicare for device-intensive procedures and may be needed by a commercial health plan to report devices used in conjunction with outpatient procedures. There is not a dedicated code for cervical total disc replacement devices, so the following code may be reported when required and appropriate:

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

Reimbursement Support

For further assistance with reimbursement questions, contact the Simplify Medical Reimbursement Support Line at 502-231-3466 or Cynthia@PatientAssistanceLine.com.

Simplify Medical Disclaimer

The information cited in this document is for informational purposes only and is provided as a general resource for seeking coverage and payment for services related to the cervical total disc replacement procedure. It is always the responsibility of the provider to determine correct coding and to verify coverage. It is possible that the information provided here may change, and that individual health plans may provide different guidance, so we urge you to confirm each case for coding and for medical necessity with the patient's health plan. This document represents no guarantee by Simplify Medical for coverage or payment by any health plan.