



MEMORANDUM

DATE: July 25, 2023

FROM: MCRA, LLC

Department of Reimbursement, Health Economics and Market Access

RE: CPT Code Assessment for the CORUS™ Spinal System-X and the PMT Facet Fixation System (PMT FFS)

Issue:

Providence Medical Technology (PMT) engaged MCRA to assess the appropriate coding for providers who perform a posterior cervical fusion using the CORUS™ Spinal System-X and the PMT Facet Fixation System (PMT FFS) to use when billing third party payers. Two primary CPT coding options were evaluated:

- A) 22600 *Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment, with or without CPT code 22840 Posterior non-segmental instrumentation.*
- B) 0219T, *Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical*

What is the physician work included in the procedure:

The use of the CORUS™ Spinal System-X, and the PMT Facet Fixation System (PMT FFS) are described below as cleared by the FDA per K190201, K212636, and K220951 and provided in the product labeling:

DESCRIPTION OF USE OF CORUS SPINAL SYSTEM AND PMT FACET FIXATION SYSTEM (PMT FFS):

The CORUS Spinal System instruments are used to access and prepare the posterior cervical spine for joint fusion by decortication of bone surfaces, including the posterior lateral mass and facet joints, combined with application of allograft or autograft in patients with or without anterior or posterior instrumentation. After incision and exposure of bony elements, the seven instruments included in the set help to provide joint access, bone preparation, and bone graft delivery. Specifically, the instrumentation set includes a guide tube, access chisel to create proper pathway, trephine decorticator designed for lateral mass decortication, rasp decorticator used for articular surfaces, rotary decorticator for articular surfaces, multi tool, and a bone graft tamp.

CAVUX Cages are used in conjunction with ALLY Bone Screws as an integrated construct referred to as the PMT Facet Fixation System “PMT FFS.” The device achieves facet fixation by spanning the interspace with points of fixation at each end of the construct. The device provides rigid fixation as an adjunct to fusion with the bone screw providing additional anchoring into the lateral mass. PMT FFS should be implanted only using the CORUS® Spinal System.

INDICATIONS FOR USE: The CORUS™ Spinal System is a set of instruments indicated to be used to perform posterior cervical fusion in patients with cervical degenerative disc disease.

PMT FFS is placed bilaterally through a posterior surgical approach and spans the interspace with points of fixation at each end of the construct. PMT FFS is intended for temporary stabilization as an adjunct to posterior fusion in skeletally mature patients. PMT FFS is indicated for patients requiring a revision for an anterior pseudarthrosis at one level, from C3 to C7, with autogenous and/or allogenic bone graft.

Intraservice work described by CPT code 22600:

The intraservice work descriptor of code 22600 describes approach, decortication and fusion using bone graft material:

An incision is made in the midline and carried through the subcutaneous tissue. The ligamentum nuchae is identified and the exposure deepened through it as the paraspinal muscles are retracted laterally. Identification of the level is confirmed to avoid subperiosteal dissection beyond the limit chosen for arthrodesis. The muscles are subperiosteally stripped from the spinous process and posterior lamina out to the mid-portion of the facet joints. Decortication is performed with bone cutting instruments. (Instrumentation and/or bone harvesting, if used, are coordinated at this point, and are coded separately.) The bone graft material is applied over the prepared bony surfaces. The paraspinal muscles and ligamentum nuchae are sutured. The subcutaneous tissues and skin are closed in layers over a drain, if necessary. Sterile dressings and an external immobilizing device are applied.

Intraservice work described by CPT code 0219T:

The intraservice work descriptor of code 0219T describes placement of bone graft or synthetic devices in the facet joint as an alternative to spinal fusion procedures: *The physician treats facet joint pain caused by degenerative changes or trauma by placing unilateral or bilateral posterior intrafacet implants in the cervical (0219T), thoracic (0220T), or lumbar (0221T) vertebral segments. An alternative to surgical fusion, one operative technique uses an allograft made from bone obtained from both the femur and thigh. Using an open surgical approach or a minimally invasive technique aided by fluoroscopic guidance, the surgeon preps the affected facet surfaces. An allograft dowel with instrumentation is inserted, resulting in expansion and stabilization of the facet joint space. Any bone grafts or synthetic devices used are included in these codes. Report 0222T for each additional vertebral segment.*

Differences in PMT procedures vs 22600 and 0219T:

While the PMT FFS procedures describe possible devices used in the description of 0219T, typically these systems are used in more complex, open arthrodesis procedures, and in combination with anterior cervical discectomy and fusion (ACDF), unlike procedures described by 0219T. Additionally, there may be multiple cervical levels addressed in the procedures using the PCSS and the CORUS™ Spinal System. Also, the intraservice work of 22600, including approach, decortication and fusion using bone graft material more closely resembles the PMT procedures, as this work is not being performed in the intraservice work of 0219T.

CPT 0219T was introduced January 1, 2010, and was intended to describe a minimally invasive technique as an alternative to fusion of the spinal facet joints. It was intended as a brief, outpatient procedure. Alternatively, the PMT procedures are typically inpatient, complex fusion procedures, performed in combination with intrafacet fixation devices.

At the inception of CPT 0219T, the AMA outlined instructions regarding 0219T-0222T: “An exclusionary parenthetical instruction ... preclude[s] the use of instrumentation, open approach arthrodesis, and use of spine allograft in addition to the new codes, when performed at the same level.”¹ This means that 0219T bundles any associated bone grafting, instrumentation, and imaging at the same level.

However, it was also noted at that time that intrafacet implants can be performed at the same level as more extensive, open arthrodesis procedures. In these scenarios, it was advised to code the open arthrodesis instead of 0219T-0222T.²

Product Classifications:

Product	FDA Clearance	FDA Product Code	FDA Classification Name
CORUS Spinal System	K212636	HRX	Arthroscope
CAVUX FFS	K220951	MRW	Facet Screw Spinal Device

Recommendation:

Based on our review of the materials provided by Providence Medical Technology and considering the information outlined herein, CPT 22600 and CPT 22840, rather than 0219T, is more appropriate in cases that are indicated for posterior cervical fusion and involve anterior fixation and/or posterior screw fixation. 0219T is not the appropriate code for the following reasons:

- CORUS Spinal System is indicated for posterior cervical fusion and aligns with 22600.
- Product Classification of CAVUX FFS as MRW (Facet Screw) by the FDA corresponds directly to the hardware parenthetical described in CPT 22840.
- While there is an intrafacet component of the CAVUX FFS, the device achieves facet fixation by spanning the interspace with points of fixation at both ends of the construct.
- 0219T was intended for the treatment of pain as an alternative to fusion.

Possible Coding Scenarios

Scenario #1. Single-level revision of a prior non-union fusion at C3. Open, posterior decortication and implant of Cavux cage with instrumentation is performed.

22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment
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 code for primary procedure). May only be reported with 1 unit.

Scenario #2. Multi-level ACDF is performed from C4-C6. Posterior fusion using CORUS Spinal System and implant of CAVUX FFS instrumentation, and allograft is performed at C4.

22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2
22552 X 2	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment
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 code for primary procedure). May only be reported with 1 unit.
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)

1. CPT® 2012 Changes: An Insider’s View; “Spine Reimbursement Sees a Major Impact” (April 2012 Coding Edge, pages 22-24.

2. <https://www.aapc.com/blog/22505-intrafacet-implant-doesnt-bundle-open-approach-arthrodesis/>