PROVIDENCE MEDICAL TECHNOLOGY

PRODUCT CLEARANCES & CODING GUIDE

Questions? Please contact us at reimbursement@providencemt.com

CODING, COVERAGE AND REIMBURSEMENT CONSIDERATIONS

Providence Medical Technology ("Providence") is a privately held medical device manufacturer that develops clinical solutions for the cervical and lumbar spine markets. Our CORUS™, CAVUX®, and ALLY® products are designed to treat disorders of the cervical and lumbar spine.

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CORUS™ PCSS Implant (Posterior Cervical Stabilization System) — Cervical Spine

Clearance	FDA K241035
Indications	CORUS™ Posterior Cervical Stabilization System (PCSS) is posterior spinal instrumentation with integrated screw fixation intended to provide immobilization and stabilization of spinal segments. CORUS PCSS is placed through a posterior surgical approach in up to 3 consecutive levels of the cervical spine (C3-C7) and achieves bilateral facet fixation by spanning the facet interspace at each level with points of fixation at each end of the construct. CORUS PCSS is intended as an adjunct to posterior cervical fusion (PCF) and is only intended to be used in combination with an anterior cervical discectomy and fusion (ACDF) at the same level(s). CORUS PCSS is indicated for skeletally mature patients with degenerative disc disease (DDD). DDD is defined as radiculopathy and/or myelopathy, neck and/or arm pain of discogenic origin as confirmed by radiographic studies. CORUS PCSS is to be used with autogenous bone and/or allogenic bone graft.
Description	CORUS™ PCSS is posterior spinal instrumentation with integrated screw fixation intended to provide immobilization and stabilization of spinal segments. The device is placed through a posterior surgical approach in up to 3 consecutive levels of the cervical spine (C3-C7) and achieves bilateral facet fixation by spanning the facet interspace at each level with points of fixation at each end of the construct. The device is manufactured from medical grade titanium alloy (6Al4V) and supplied sterile for single use only with pre-attached disposable delivery instruments. The implant is fenestrated and is to be used with autogenous bone and/or allogenic bone graft. The design incorporates "windows" through the implant to permit visualization of the graft material and, over time, formation of new bone. CORUS™ Spinal System is used to access and prepare the site for posterior fusion.

CORUS™ Spinal System–X

Cervical & Lumbar Spine

Clearance	FDA K190201, K212636
Indications	FOR CERVICAL FUSION: The CORUS™ Spinal System-X is a set of instruments indicated to be used to perform posterior cervical fusion in patients with cervical degenerative disc disease. FOR LUMBAR FUSION: The CORUS™ Spinal System-X is a set of instruments indicated to be used to perform posterior lumbar fusion in patients with lumbar degenerative disc disease.
Description	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. It is recommended that commercially available autograft or allograft be used to aid fusion. Autograft or allograft material is not supplied as part of the system.

CORUS™ PCSS LevelOne

Cervical Spine

Clearance	FDA K241035, K190201, K212636
Indications	**A. CORUS Spinal System-X:** The CORUS™ Spinal System-X is a set of instruments indicated to be used to perform posterior cervical fusion in patients with cervical degenerative disc disease. **B. CORUS PCSS Implant:** CORUS™ PCSS is posterior spinal instrumentation with integrated screw fixation intended to provide immobilization and stabilization of spinal segments. CORUS PCSS is placed through a posterior surgical approach in up to 3 consecutive levels of the cervical spine (C3-C7) and achieves bilateral facet fixation by spanning the facet interspace at each level with points of fixation at each end of the construct. CORUS PCSS is intended as an adjunct to posterior cervical fusion (PCF) and is only intended to be used in combination with an anterior cervical discectomy and fusion (ACDF) at the same level(s). CORUS PCSS is indicated for skeletally mature patients with degenerative disc disease (DDD). DDD is defined as radiculopathy and/or myelopathy, neck and/or arm pain of discogenic origin as confirmed by radiographic studies. CORUS PCSS is to be used with autogenous bone and/or allogenic bone graft. **C. DiViNE Portal System:** DiViNE™ Portal System is a set of instruments indicated to make the interior of a joint visible and/or to perform surgery within a joint.
Description	This product configuration contains instruments, implants, and a portal system to directly visualize the surgical site, perform a posterior cervical fusion, and place bilateral (2) CORUS PCSS Implants at one spinal level in a manner consistent with product labeling. Please refer to the IFU or regulatory clearances for full product descriptions.

CAVUX® FFS (Facet Fixation System) — Cervical Spine

Clearance	FDA K220951
Indications	CAVUX® Facet Fixation System (CAVUX FFS) is an integrated construct comprised of a CAVUX Cage and a single ALLY Bone Screw. CAVUX FFS is placed bilaterally through a posterior surgical approach and spans the interspace with points of fixation at each end of the construct. CAVUX FFS is intended for temporary stabilization as an adjunct to posterior cervical fusion in skeletally mature patients. CAVUX 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.
Description	CAVUX Cages are used in conjunction with ALLY Bone Screws as an integrated construct referred to as the CAVUX Facet Fixation System “CAVUX 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. The titanium constructs are offered in various footprints and heights, and are manufactured from implant grade titanium alloy (6Al-4V ELI Titanium). CAVUX FFS is single-use only, provided sterile (gamma sterilized) with pre-attached, disposable, delivery handles. CAVUX FFS should be implanted only using the CORUS™ Spinal System.

CAVUX® Cervical Cages — Cervical Spine

Clearance	FDA K122801, K161642
Indications	CAVUX Cervical Cage is indicated for use in skeletally mature patients with degenerative disc disease (DDD) of the cervical spine (C3-C7) with accompanying radicular symptoms at one disc level. DDD is defined as discogenic pain with degeneration of the disc confirmed by patient history and radiographic studies. Patients should have received at least six weeks of non-operative treatment prior to treatment with the device. Devices are intended to be used with autogenous bone graft and supplemental fixation, such as an anterior plating system.
Description	The CAVUX Cervical Cage consists of the following: CAVUX Cervical Cage Implant & Delivery Instrument packaged with the Implant. The CAVUX Cervical Cage implants are manufactured from Titanium-6AL-4V ELI alloy, which conforms to ASTM F136 and are available in a variety of sizes and lordotic angles to accommodate patient anatomy. Superior and inferior surfaces of the implant feature teeth that provide bony contact with the endplates while a box shape in the center of the implant with fenestrations (windows) is intended to house autogenous bone. The superior and inferior surfaces of the implant are grit blasted and acid etched to improve fixation to adjacent bone. The CAVUX Cervical Cage is held within the delivery instrument which facilitates insertion of the implant into the interbody space. The delivery instrument features a physical stop to prevent over-insertion. Devices are supplied sterile and single use only.

ALLY® Bone Screws

Cervical & Lumbar Spine

Clearance	FDA K170698
Indications	The ALLY Bone Screws are indicated for use in bone reconstruction, osteotomy, arthrodesis, joint fusion, fracture repair, and fracture fixation appropriate for the size of the device.
Description	The ALLY Bone Screws are fully threaded cortical screws offered in various diameters and lengths. All screws are manufactured from titanium alloy. The implants are single use only.

CORUS™ Spinal System–LX

Cervical & Lumbar Spine

Clearance	FDA K212636
Indications	FOR CERVICAL FUSION: The CORUS™ Spinal System-LX is a set of instruments indicated to be used to perform posterior cervical fusion in patients with cervical degenerative disc disease. FOR LUMBAR FUSION: The CORUS™ Spinal System-LX is a set of instruments indicated to be used to perform posterior lumbar fusion in patients with lumbar degenerative disc disease.
Description	The CORUS Spinal System-LX disposable instruments are used to access and prepare the posterior lumbar 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. It is recommended that commercially available autograft or allograft be used to aid fusion. Autograft or allograft material is not supplied as part of the system.

CORUS™ Navigation Access System-LX

Lumbar Spine

Clearance	FDA K240625
Indications	The CORUS™ Navigation Access System for use with the CORUS™ Spinal System is intended to be used during spinal surgery to assist the surgeon in locating and preparing facet joints in either open, or minimally invasive procedures. The CORUS™ Navigation Access System is specifically designed for use with the Medtronic StealthStation™ System, which is indicated for any medical condition in which the use of stereotactic surgery may be appropriate, and where reference to a rigid anatomical structure, such as a long bone, or vertebra can be identified relative to a CT or MR-based model, fluoroscopy images, or digitized landmarks of the anatomy.
Description	The CORUS™ Navigation Access System is a manually operated disposable instrument set to be used with the Medtronic StealthStation™ System to assist the surgeon in precise site preparation during open or minimally invasive spinal surgery. The CORUS™ Navigation Access System includes the Navigated Access Chisel, Guide Tube, and Trephine Decorticator. The instruments are manufactured from stainless steel.

CAVUX® FFS–LX (Facet Fixation System, Lumbar)

Lumbar Spine

Clearance	FDA K230840
Indications	CAVUX® Facet Fixation System, Lumbar (CAVUX FFS-LX). CAVUX FFS-LX is placed bilaterally through a posterior surgical approach and spans the facet interspace with points of fixation at each end of the construct. CAVUX FFS-LX is intended to provide temporary stabilization as an adjunct to a 1 or 2 level interbody lumbar fusion with autogenous and/or allogenic bone graft and must be accompanied with an FDA cleared intervertebral body fusion device implanted at the same spinal level(s), and may be used with a pedicle screw and rod system implanted at the same spinal level(s). CAVUX FFS-LX is indicated for the treatment of patients with lumbar degenerative disc disease (DDD) from L4 to S1 in skeletally mature patients who have failed conservative care.
Description	CAVUX® Facet Fixation System, Lumbar (CAVUX FFS-LX) is composed of CAVUX® Cages and ALLY® Bone Screws, an integrated construct, manufactured from medical grade titanium alloy and supplied sterile for single use only with a pre-attached disposable delivery handle/inserter. CAVUX FFS-LX provides temporary stabilization by spanning the facet interspace with points of fixation at each end of the construct and provides fixation as an adjunct to fusion. An ALLY Bone Screw is intended to be utilized to provide additional anchoring. CAVUX Cages are offered in a variety of sizes to accommodate various patient anatomies and pathology. The cage is designed to be filled with bone graft to permit formation of new bone through the device. ALLY Bone Screws are fully threaded. CORUS™ Spinal System is recommended to access the site and perform posterior fusion.

CAVUX® Cage-LX

Lumbar Spine

Clearance	FDA K230840
Indications	The CAVUX Cage-LX is indicated for use in skeletally mature patients with degenerative disc disease (DDD) of the cervical spine (C3-C7) with accompanying radicular symptoms at one disc level. DDD is defined as discogenic pain with degeneration of the disc confirmed by patient history and radiographic studies. Patients should have received at least six weeks of non-operative treatment prior to treatment with the device. Devices are intended to be used with autogenous bone graft and supplemental fixation, such as an anterior plating system.
Description	CAVUX Cage-LX 4mm and 5mm are titanium constructs offered in various footprints and heights. CAVUX Cage-LX is manufactured from implant grade titanium alloy (6Al-4V Titanium). The implants are single-use only.

ALLY® Bone Screw-LX

Lumbar Spine

Clearance	FDA K170698
Indications	The ALLY Bone Screw-LX is intended for use in bone reconstruction, osteotomy, arthrodesis, joint fusion, fracture repair, and fracture fixation, appropriate for the size of the device.
Description	The ALLY Bone Screw-LX is a fully threaded cortical screw. The device is manufactured from implant grade titanium alloy (6Al-4V Titanium). The device is single use only.

SEE IMPORTANT DISCLAIMER ON PAGE 1.

PHYSICIAN'S PROFESSIONAL FEE SCHEDULE, CERVICAL FUSION

The CPT codes associated with cervical arthrodesis, instrumentation and grafting may include, but are not limited to:

CPT Code	Procedure	Description/Comments	Total Relative Value Units (RVUs)	2025 Medicare National Physician Fee Schedule
22551	Arthrodesis, anterior interbody	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2. First interspace	51.74	$1,673.61
22600	Arthrodesis, posterior technique	Arthrodesis, posterior technique, single level; cervical below C2 segment. First interspace	39.97	$1,292.81
22853	Application of biomechanical device	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	7.74	$250.36
22854	Application of biomechanical device	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	10.08	$326.05
22859	Application of biomechanical device	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	10.07	$325.73
22840	Posterior Instrumentation	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 primary CPT code.)	22.64	$732.32
22845	Anterior Instrumentation	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	21.80	$705.15
20930	Allograft (morselized)	Add-On Code	0.0	$0.00
20931	Allograft (structural)	Add-On Code	3.33	$107.71
20936	Autograft (rib/lamina/spinous process, same incision)	Add-On Code	0.0	$0.00
20937	Autograft (morselized, separate incision)	Add-On Code	5.02	$162.38
20938	Autograft (structural, separate incision)	Add-On Code	5.49	$177.58
22899	Unlisted spine procedure	If applicable	0.0	$0.00

Source: CMS Physician Fee Schedule 2025 Final Rule published in the Federal Register, November 1, 2024.

INPATIENT HOSPITAL, CERVICAL FUSION

If deemed medically necessary, cervical fusion inpatient hospital MS-DRGs may include but are not limited to:

MS- DRG	Description	FY 2025 Medicare National Average Payment
429	Combined anterior & posterior cervical spinal fusion w/MCC	$59,352
430	Combined anterior & posterior cervical spinal fusion w/o MCC	$38,928
471	Cervical spinal fusion w/MCC	$34,565
472	Cervical spinal fusion w/CC	$20,617
473	Cervical Spinal Fusion w/o CC/MCC	$16,846

MCC: Major Complication/Co-morbidity CC: Complication/Co-morbidity

Source: CMS IPPS 2025 Final Rule, Federal Register, August 2, 2024.

OUTPATIENT HOSPITAL, CERVICAL FUSION

If performed in the hospital outpatient setting, possible Ambulatory Payment Classifications (APCs) may include:

CPT Code	APC	Description	CY 2025 Medicare National Average Payment
22551	5115	Level V Musculoskeletal Procedures	$12,867
22600	N/A	N/A (hospital inpatient only procedure)	N/A

AMBULATORY SURGERY CENTER (ASC), CERVICAL FUSION

If performed in the ASC setting, CPT coding may include:

CPT Code	Description	CY 2025 Medicare National Average Payment
22551	Arthrodesis, anterior interbody	$9,069
22600	Arthrodesis, posterior technique	N/A (hospital only procedure)

Source: CMS 2025 Hospital Outpatient Prospective Payment (HOPPS) and Ambulatory Surgery Center (ASC) Final Rule published in the Federal Register on November 1, 2024.

PHYSICIAN'S PROFESSIONAL FEE SCHEDULE, LUMBAR FUSION

The CPT codes associated with lumbar arthrodesis, instrumentation and grafting may include, but are not limited to:

Procedure	CPT Code	Description/Comments	Total Relative Value Units (RVUs)	2025 Medicare National Avg Physician Fee Schedule*
Posterior Fusion	22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	48.03	$1,553.60
	+22614	Posterior arthrodesis, each additional vertebral segment	11.76	$380.39
Posterior (PLIF) or Transforaminal Lumbar Interbody (TLIF)	22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar	47.74	$1,544.22
	+22632	PLIF or TLIF, each additional vertebral segment	9.64	$311.82
Anterior Fusion	22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	46.30	$1,497.64
	+22585	Anterior arthrodesis, each additional vertebral segment	9.72	$314.41
Combined Anterior/ Posterior Fusion	22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace, single interspace, lumbar;	55.06	$1,781.00
	+22634	Combined arthrodesis, each additional vertebral segment	14.56	$470.97
Biomechanical Devices	+22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace	7.74	$250.36
Posterior Instrumentation	+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)	22.64	$732.32
	+22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments	22.92	$741.38
Allograft & Autograft	+20930	Allograft, morselized, or placement of osteopromotive material	0.0	$0.00
	+20931	Allograft, structural	3.33	$107.71
	+20936	Allograft, local (includes harvesting) obtained from same incision	0.0	$0.00
	+20937	Allograft, morselized (through separate skin or fascial incision	4.98	$163.09
	+20938	Autograft (includes harvesting graft) structural, bicortical or tricortical	5.49	$179.78
Navigation	+61783	Stereotactic computer-assisted (navigational) procedure; spinal	6.97	$225.46

*Medicare CY 2025 conversion factor: $32.3465 '+' denotes Add-On CPT code. Must be reported with a primary CPT code.
Source: CMS Physician Fee Schedule 2025 Final Rule published in the Federal Register, November 1, 2024.

INPATIENT HOSPITAL, LUMBAR FUSION

If deemed medically necessary, lumbar fusion inpatient hospital MS-DRGs may include but are not limited to:

MS- DRG	Description	FY 2025 Medicare National Average Payment
402	Single Level Combined Anterior & Posterior Spinal Fusion Except Cervical	$27,839
426	Multiple Level Combined Anterior & Posterior Spinal Fusion Except Cervical w/ MCC or Custom-made anatomically designed interbody fusion device	$74,543
427	Multiple Level Combined Anterior & Posterior Spinal Fusion Except Cervical w/ CC	$50,543
428	Multiple Level Combined Anterior and Posterior Spinal Fusion Except Cervical w/o CC/MCC	$39,167
447	Multiple Level Spinal Fusion Except Cervical w/ MCC or Custom-made anatomically designed interbody fusion device	$47,711
448	Multiple Level Spinal Fusion Except Cervical w/o MCC	$29,058
450	Single Level Spinal Fusion Except Cervical w/ MCC of Custom-made anatomically designed interbody fusion device	$36,648
451	Single Level Spinal Fusion Except Cervical w/o MCC	$21,960

Source: CMS IPPS 2025 Final Rule, Federal Register, August 1, 2024.

OUTPATIENT HOSPITAL, LUMBAR FUSION

If performed in the hospital outpatient setting, possible Ambulatory Payment Classifications (APCs) may include:

CPT Code	APC	Description	CY 2025 Medicare National Average Payment
22612	5116	Level VI Musculoskeletal Procedure	$18,390
22630	5116	Level VI Musculoskeletal Procedure	$18,390
22558	N/A (Inpatient Only)		N/A
22633	5116	Level VI Musculoskeletal Procedure	$18,390

AMBULATORY SURGERY CENTER (ASC), LUMBAR FUSION

If performed in the ASC setting, CPT coding may include:

CPT Code	Description	CY 2025 Medicare National Average Payment
22612	Posterior Fusion	$14,037
22630	Posterior (PLIF) or Transforaminal Lumbar Interbody (TLIF)	N/A (hospital only)
22558	Anterior Fusion	N/A (hospital only)
22633	Combined Anterior/ Posterior Fusion	N/A (hospital only)

2025 Hospital Outpatient Prospective Payment (HOPPS) and Ambulatory Surgery Center (ASC) Final Rule published in the Federal Register on November 1, 2024.