

ProDisc-C and ProDisc-L Total Disc Replacement. Physician Billing Guide.



SYNTHES[®]

Instruments and implants
approved by the AO Foundation

Spine

Cervical Arthroplasty Evidence of Medical Necessity and Procedure Codes

Cervical Arthroplasty Diagnosis Codes

Diagnosis codes (ICD-9 codes) are a drill down to the most appropriate diagnosis to establish medical necessity.

The main heading is:

- 721.0...Cervical spondylosis without myelopathy
drill down to
- 722.71...Intervertebral disc disorder with myelopathy

A drill down to a finer and clearer definition is the purview of the surgeon.

Cervical Arthroplasty Indications

The ProDisc-C Total Disc Replacement is indicated in skeletally mature patients for reconstruction of the disc from C3–C7 following single-level discectomy for intractable symptomatic cervical disc disease (SCDD).

Symptomatic cervical disease is defined as neck or arm (radicular) pain and/or a functional/neurological deficit with at least one of the following conditions confirmed by imaging (CT, MRI, or x-rays): herniated nucleus pulposus, spondylosis (defined by the presence of osteophytes), and/or loss of disc height.

The ProDisc-C Total Disc Replacement is implanted via an open anterior approach. Patients receiving the ProDisc-C Total Disc Replacement should have failed at least six weeks of nonoperative treatment prior to implantation of the ProDisc-C Total Disc Replacement.

Cervical Arthroplasty Procedure Codes (CPT)

22856 Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace: cervical

84.62 ICD-9 procedure code

Coding is the prerogative of the physician.

Help is available at the ProDisc
Patient Assistance Line (PAL): 800-895-7764

Lumbar Arthroplasty Evidence of Medical Necessity and Procedure Codes

Lumbar Arthroplasty Diagnosis Codes

Diagnosis codes (ICD-9 codes) are a drill down to the most appropriate diagnosis to establish medical necessity.

The main heading is:

- 722...intervertebral disc disorders
drill down to
- 722.52...lumbar or lumbosacral intervertebral disc
or
- 722.10 may also be appropriate.

A drill down to a finer and clearer definition is the purview of the surgeon.

Lumbar Arthroplasty Indications

The ProDisc-L Total Disc Replacement is indicated for spinal arthroplasty in skeletally mature patients with degenerative disc disease (DDD) at one level from L3–S1.

DDD is defined as discogenic back pain with degeneration of the disc confirmed by patient history and radiographic studies. These DDD patients should have no more than grade 1 spondylolisthesis at the involved level.

Patients receiving the ProDisc-L Total Disc Replacement should have failed at least six months of conservative treatment prior to implantation of the ProDisc-L Total Disc Replacement.

Lumbar Arthroplasty Procedure Codes (CPT)

22857 Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace: lumbar

84.64 ICD-9 procedure code

Coding is the prerogative of the physician.

**ProDisc Patient Assistance Line (PAL) hours:
9 am–8 pm (ET) Monday–Friday**

**For coding help, contact the ProDisc
Patient Assistance Line (PAL):
800-895-7764**

PAL personnel are available 9 am–8 pm (ET), Monday–Friday. These professionals can share their experiences with you and help you to prepare a clean claim.

It is important to have a complete patient history and to establish the diagnoses appropriately.

A letter of medical necessity may help the insurer make a positive decision.

When the information is gathered into a package, call the payor for **predetermination**. Remember that this is an unfamiliar benefit for many payors; you need to educate them and walk them through the process.

Disclaimer

All billing and coding information contained herein is for informational purposes only. Synthes Spine makes no claims of correctness, warranty, guarantee or assertion that the information will assure payment. We strongly urge you to consult the payor to determine the requirements for reimbursement for disc arthroplasty.

