



Dynesys® Dynamic Stabilization System  
 Dynesys Top-Loading Spinal System  
 Zimmer® DTO® Implant and  
 OPTIMA™ ZS Transition Screw\*

\*OPTIMA™ is a trademark of U&i Corporation

## Dynesys® Dynamic Stabilization System Surgical Procedures

2010 Reimbursement and Coding Reference Guide for Physicians and Hospitals



This coding reference guide is intended to illustrate the common CPT® codes, ICD-9 CM procedure codes, and common MS-DRG assignment for surgical procedures in the inpatient hospital setting. CPT® is a trademark of the American Medical Association (AMA).

Valid October 1, 2010 to December 31, 2010

## Indications for Use

When used as a pedicle screw fixation system in skeletally mature patients, the *Dynesys* System is intended to provide immobilization and stabilization of spinal segments as an adjunct to fusion in the treatment of the following acute and chronic instabilities or deformities of the thoracic, lumbar, and sacral spine: degenerative spondylolisthesis with objective evidence of neurologic impairment, and failed previous fusion (pseudoarthrosis). In addition, when used as a pedicle screw fixation system, the *Dynesys* System is indicated for use in patients:

- Who are receiving fusions with autogenous graft only;
- Who are having the device fixed or attached to the lumbar or sacral spine; and
- Who are having the device removed after the development of a solid fusion mass.

When the *Dynesys* Spinal System and the *Optima* ZS Spinal System are used on contiguous levels, they must be used with the *Zimmer DTO* implant, rod-cord combination implant, and the U&I Corporation *Optima* ZS Transition Screw. The indications for use for each levels is as specified for each system.



## Dynesys Dynamic Stabilization Coding Reference Guide

This coding reference guide is intended to illustrate the common CPT® and ICD-9 CM procedure codes, Medicare Severity Diagnosis Related Groups (MS-DRG) and other codes commonly used to describe procedures associated with the implantation of the *Dynesys* Dynamic Stabilization System.

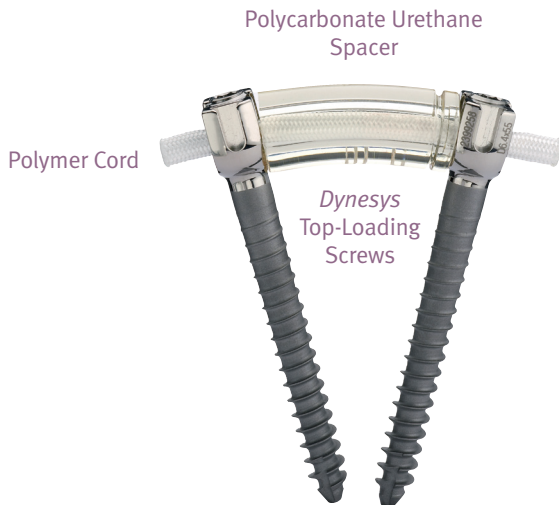
This information reflects the use of the *Dynesys* System as an adjunct to fusion. Any other use of the *Dynesys* System is not cleared or approved for marketing by the FDA, and coding guidance does NOT apply.

### What is Dynesys Dynamic Stabilization System?

Developed in 1994, the *Dynesys* System is intended to provide a more physiological system of spine stabilization. The system uses three proprietary components to stabilize the spine as an adjunct to fusion:

- Titanium screws anchor the system to the spine
- Polycarbonate urethane spacers limit spinal extension
- Polymer cord acts as a tension band to limit spinal flexion

The spacers are individually measured and cut to match the patient's specific anatomy, allowing the spine to remain in a more natural position during the fusion process. The far lateral screw placement and low profile of the system spares the facet joints.



## The Dynesys Family of Implants

*Dynesys* Dynamic Stabilization System with LIS Instrumentation

- Original *Dynesys* System with over 14 years of global experience.

*Dynesys* Top-Loading Spinal System

- Offers a top-loading, cannulated screw option.
- Uses unique instrumentation for direct implantation of the cord and spacer.

*Zimmer DTO* Implant and *OPTIMA ZS* Transition Screw

- Combined cord-rod construct offers the ability to transition from rigid to dynamic stabilization.
- Compatible with *Dynesys* and *Dynesys* Top-Loading Systems.



*Dynesys* Screw



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The following ICD-9 codes may be appropriate to describe procedures associated with the *Dynesys* System adjunct to fusion with autogenous bone graft.

### Common Inpatient Hospital Procedure Codes for the *Dynesys* System

ICD-9CM	
Procedure Code	Code Description
81.07	Lumbar and lumbosacral fusion of the posterior column, posterior technique
81.08	Lumbar and lumbosacral fusion of the anterior column, posterior technique
81.37	Refusion of lumbar and lumbosacral spine, posterior column, posterior technique
81.38	Refusion of lumbar and lumbosacral spine, anterior column, posterior technique
81.62	Fusion or refusion of 2-3 vertebrae
81.63	Fusion or refusion of 9 or more vertebrae
81.64	Fusion or refusion of 9 or more vertebrae

The following revenue code may be appropriate to describe procedures associated with the *Dynesys* System adjunct to fusion with autogenous bone graft.

### Common Revenue Codes for the *Dynesys* System

Revenue Code	Code Description
0278 <sup>1</sup>	Medical/Surgical supplies and devices — other implants.

1 There are no HCPCS codes for the *Dynesys* System in the inpatient setting. Providers may choose to include on the UB-04 Medicare claim form a Medical/Surgical Supplies and Devices Revenue Code to track charges associated with the device.

\*FY 2011 revised ICD-9 procedure code titles effective October 1, 2010.

MS-DRG assignment is based in part on ICD-9 procedure codes. The following table lists the possible MS-DRGs related to lumbar and lumbosacral fusion utilizing ICD-9 procedure codes shown previously in this guide.

### Common MS-DRG<sup>1</sup> Assignment for Spine Fusion Procedures

MS-DRG	MS-DRG Description	Medicare 2010 Relative Weight <sup>1</sup>	Estimated Base Payment <sup>2</sup>
459	Spinal Fusion Except Cervical with MCC	6.5065	\$36,333
460	Spinal Fusion Except Cervical without MCC	3.8713	\$201,618

1 FY 2011 Medicare Inpatient Prospective Payment System final rule (CMS-1498-F), Table 5.

2 Assumes payment for a large urban hospital with wage index >1 and full update. Medicare payment = MS-DRG relative weight x (labor standardized amount + non-labor standardized amount + national capital rate).

## Common Physician Procedure Codes for the Dynesys System

The following CPT codes may be appropriate to describe procedures associated with the *Dynesys* System as an adjunct to fusion with autogenous bone graft. The physician should report the CPT code(s) that best describes the procedure(s) performed.

### Common PHYSICIAN Procedure Codes for the Dynesys Dynamic Stabilization System

CPT* Code	Code Description
20936	Autograft for spine surgery only (includes harvesting the graft); local (e.g. ribs, spinous process or lamina fragments) obtained from same incision
20937	morselized (through separate skin or facial incision)
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)
22614	each additional vertebral segment. (List separately in addition to code for primary procedure.) (Use 22614 in conjunction with codes 22600, 22610, 22612.)
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
22632	each additional interspace (List separately in addition to code for primary procedure.)
22840 <sup>1</sup>	Posterior non-segmental instrumentation (e.g. Harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1 facet screw fixation)
22842 <sup>1</sup>	Posterior segmental instrumentation (e.g. pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments
22849 <sup>1</sup>	Reinsertion of spinal fixation device
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (e.g. spinal or lateral recess stenosis, single vertebral segment; lumbar
63048	each additional segment, cervical, thoracic or lumbar. (List separately in addition to code for primary procedure.)

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## Zimmer Coding Reference Guide Disclaimer—

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### Data Sources

- ICD-9-CM Official Guidelines For Coding and Reporting, U.S. Department of Health and Human Services, Effective October 1, 2010.
- 42 CFR Parts 410, 411, 414 et al. Medicare Program [CMS-1413-FC]; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2010; Final Rule; Medicare Program; Solicitation of Independent Accrediting Organizations To Participate in the Advanced Diagnostic Imaging Supplier Accreditation Program; Notice, November 25, 2009.
- 42 CFR Parts 410, 411, 414, 415, 485, and 498 Medicare Program [CMS-1413-CN3]; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2010; Corrections, December 10, 2009.
- 42 CFR Parts 410, 416, and 419 Medicare Program: Changes to the Hospital Outpatient Prospective Payment System and CY 2010 Payment Rates [CMS-1414-FC]; Changes to the Ambulatory Surgical Center Payment System and CY 2010 Payment Rates; Final Rule, November 20, 2009.
- 42 CFR Parts 410, 416, and 419 Medicare Program: Changes to the Hospital Outpatient Prospective Payment System and CY 2010 Payment Rates [CMS-1414-CN]; Changes to the Ambulatory Surgical Center Payment System and CY 2010 Payment Rates; Final Rule, December 31, 2009.
- 42 CFR Parts 412, 413, 415, et al. Medicare Program [CMS-1498-F]; Changes to the Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and Fiscal Year 2011 Rates; and Changes to the Long Term Care Hospital Prospective Payment System and Rate Years 2010 and 2011 Rates; Final Rule, August 16, 2010.
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**This Coding Reference Guide is valid October 1, 2010 – December 31, 2010.**

Zimmer Spine is a non-exclusive distributor of the *OPTIMA* ZS Spinal Fixation System in South Korea and is the exclusive distributor of the *OPTIMA* ZS Spinal Fixation System throughout the rest of the world (except in Turkey and South America).

Contact the Zimmer Reimbursement Hotline at 866-946-0444  
or visit us at [www.reimbursement.zimmer.com](http://www.reimbursement.zimmer.com)

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