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Oxiplex® Absorbable Gel for Spine Surgery Reimbursement Guide

This Reimbursement Guide has been developed specifically for healthcare providers and professionals responsible for coding and reporting provided services. It does not constitute legal, reimbursement, business, clinical, or other advice. Healthcare providers are solely responsible for determining appropriate charging and billing practices, as well as accurate coding, documentation, and medical necessity for the services provided. This includes the responsibility for the accuracy and veracity of all claims submitted to third-party payers.

Introduction

The purpose of this guide is to provide coverage, coding, and payment information relating to Oxiplex Absorbable Gel for Spine Surgery. Oxiplex is a synthetic, absorbable gel intended as an adjunct to lumbar spinal surgery in adult patients with leg pain, back pain, and neurological symptoms undergoing discectomy to reduce leg pain and neurological symptoms. While this guide includes CPT codes for various spine procedures, it is important to note that the selection of the most appropriate procedure code is the responsibility of the coder, who should follow the specific guidance provided by the payer. This guide includes procedure codes that may be used in conjunction with or alongside Oxiplex. These additional codes are provided for reference purposes only and do not imply endorsement or recommendation for use with any other products.

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Hospital Inpatient Coding and Payment

Potential Procedures Using Oxiplex Absorbable Gel – Inpatient Setting

ICD-10-PCS Code[1]	Code Descriptor
Release / Lumbar Spinal Cord	
00NY0ZZ	Release Lumbar Spinal Cord, Open Approach
00NY3ZZ	Release Lumbar Spinal Cord, Percutaneous Approach
00NY4ZZ	Release Lumbar Spinal Cord, Percutaneous Endoscopic Approach
Replacement / Lumbar Vertebral Disc	
0SR20JZ	Replacement of Lumbar Vertebral Disc with Synthetic Substitute, Open Approach
Excision / Lumbar Vertebral Disc	
0SB20ZZ	Excision of Lumbar Vertebral Disc, Open Approach
0SB23ZZ	Excision of Lumbar Vertebral Disc, Percutaneous Approach
0SB24ZZ	Excision of Lumbar Vertebral Disc, Percutaneous Endoscopic Approach
Excision / Lumbar Vertebral Joint	
0SB00ZZ	Excision of Lumbar Vertebral Joint, Open Approach
0SB00ZX	Excision of Lumbar Vertebral Joint, Open Approach, Diagnostic
0SB03ZZ	Excision of Lumbar Vertebral Joint, Percutaneous Approach
0SB03ZX	Excision of Lumbar Vertebral Joint, Percutaneous Approach, Diagnostic
0SB04ZZ	Excision of Lumbar Vertebral Joint, Percutaneous Endoscopic Approach
0SB04ZX	Excision of Lumbar Vertebral Joint, Percutaneous Endoscopic Approach, Diagnostic
Resection / Lumbar Vertebral Disc	
0ST20ZZ	Resection of Lumbar Vertebral Disc, Open Approach

ICD-10-PCS Coding Table for Lumbar Spinal Fusions		
Section	**0**	**Medical and Surgical**
Body System	**S**	**Lower Joints**
Operation	**G**	**Fusion**

Body Part	Approach	Device	Qualifier
0 Lumbar Vertebral Joint 1 Lumbar Vertebral Joints, 2 or more 3 Lumbosacral Joint	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute	0 Anterior Approach, Anterior Column 1 Posterior Approach, Posterior Column J Posterior Approach, Anterior Column
0 Lumbar Vertebral Joint 1 Lumbar Vertebral Joints, 2 or more 3 Lumbosacral Joint	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	A Interbody Fusion Device	0 Anterior Approach, Anterior Column J Posterior Approach, Anterior Column

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Potential MS-DRGs Using Oxiplex Absorbable Gel – Inpatient Setting

MS-DRG	MS-DRG Title	2026 Medicare MS-DRG Payment[2]
28	Spinal Procedures with MCC	$43,720.96
29	Spinal procedures with CC or spinal neurostimulators	$24,825.39
30	Spinal procedures without CC/MCC	$15,973.94
402	Single level combined anterior and posterior spinal fusion except cervical	$29,256.21
426	Multiple level combined anterior and posterior spinal fusion except cervical with MCC or custom-made anatomically designed interbody fusion device	$80,198.63
427	Multiple level combined anterior and posterior spinal fusion except cervical with CC	$52,528.02
428	Multiple level combined anterior and posterior spinal fusion except cervical without CC/MCC	$40,909.94
447	Multiple level spinal fusion except cervical with MCC or custom-made anatomically designed interbody fusion device	$48,620.40
448	Multiple level spinal fusion except cervical without MCC	$30,859.28
450	Single level spinal fusion except cervical with MCC or custom-made anatomically designed interbody fusion device	$38,782.22
451	Single level spinal fusion except cervical without MCC	$23,506.85
456	Spinal fusion except cervical with spinal curvature, malignancy, infection, or extensive fusions with MCC	$61,149.52
457	Spinal fusion except cervical with spinal curvature malignancy, infection, or extensive fusions with CC	$43,392.05
458	Spinal fusion except cervical with spinal curvature, malignancy, infection, or extensive fusions without CC/MCC	$30,363.01
518	Back and neck procedures except spinal fusion with MCC or disc device or neurostimulator	$27,195.44
519	Back or neck procedures except spinal fusion with CC	$14,554.98
520	Back or neck procedures except spinal fusion without CC/MCC	$10,870.75
820	Lymphoma and leukemia with major O.R. procedures with MCC	$42,676.74
821	Lymphoma and leukemia with major O.R. procedures with CC	$16,289.75
822	Lymphoma and leukemia with major O.R. procedures without CC/MCC	$8,761.22

MS-DRG	MS-DRG Title	2026 Medicare MS-DRG Payment[2]
826	Myeloproliferative disorders or poorly differentiated neoplasms with major O.R. procedures with MCC	$34,039.23
827	Myeloproliferative disorders or poorly differentiated neoplasms with major O.R. procedures with CC	$16,818.05
828	Myeloproliferative disorders or poorly differentiated neoplasms with major O.R. procedures without CC/MCC	$12,398.14
907	Other O.R. procedures for injuries with MCC	$27,937.66
908	Other O.R. procedures for injuries with CC	$14,518.59
909	Other O.R. procedures for injuries without CC/MCC	$9,552.20
957	Other O.R. procedures for multiple significant trauma with MCC	$55,448.18
958	Other O.R. procedures for multiple significant trauma with CC	$30,663.54
959	Other O.R. procedures for multiple significant trauma without CC/MCC	$21,423.51

Commonly used **revenue codes**, depending on your facility, may include:

- **0272** Medical/Surgical Supplies and Devices: Sterile
- **0278** Medical/Surgical Supplies and Devices: Other implants
- **0279** Medical/Surgical Supplies and Devices: Other supplies/devices

If the facility's policy is to track absorbable gel use, assign a code from **Table 3E0** (refer to linked file at: https://www.cms.gov/files/zip/2026-icd-10-pcs-code-tables-and-index.zip) that best matches the **documented site** (spinal canal vs. soft tissue/fascia) and **approach** (open, percutaneous, percutaneous endoscopic). Only code what the operative notes explicitly support.

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Hospital Outpatient Coding and Payment

Potential Procedures Using Oxiplex Absorbable Gel – Hospital Outpatient Setting

HCPCS/CPT Code[3]	Descriptor	APC	APC Amount[4]
Spinal Osteotomy: Anterior Approach			
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	5114	$7,413.38
+22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	Packaged into the primary APC payment	
Spinal Fusion: Lateral Extracavitary Approach			
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	5116	$17,913.59
+22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	Packaged into the primary APC payment	
Spinal Fusion: Anterior and Posterior Approach			
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	5117	$27,721.73
+22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	Packaged into the primary APC payment	
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	5116	$17,913.59
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	5116	$17,913.59
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar	5117	$27,721.73

HCPCS/CPT Code[3]	Descriptor	APC	APC Amount[4]
Spinal Fusion: Anterior and Posterior Approach			
+22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	Packaged into the primary APC payment	
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar	5117	$27,721.73
+22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	Packaged into the primary APC payment	
Artificial Disc Replacement			
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	5116	$17,913.59
+22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	Inpatient Only	
Posterior Midline Approach: Laminectomy/Laminotomy/Decompression			
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	5114	$7,413.38
+63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	Packaged into the primary APC payment	
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	5114	$7,413.38

HCPCS/CPT Code[3]	Descriptor	APC	APC Amount[4]
Posterior Midline Approach: Laminectomy/Laminotomy/Decompression			
+63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)	Packaged into the primary APC payment	
Spinal Cord/Nerve Root Decompression: Costovertebral or Transpedicular Approach			
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	5114	$7,413.38
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	5114	$7,413.38
+63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	Packaged into the primary APC payment	
Other: Category II, Category III, Unlisted, or New Technology Procedure C-Codes			
C1889	Implantable/insertable device, not otherwise classified	Packaged into the primary APC payment	
0719T	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment	Not paid by Medicare when submitted on outpatient claims	
22899	Unlisted procedure, spine	5111	$252.01
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	5115	$13,116.76

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Ambulatory Surgical Center (ASC) Coding and Payment

Potential Procedures Using Oxiplex Absorbable Gel – Ambulatory Surgery Center Setting

CPT Code[3]	Descriptor	ASC Amount[4]
Spinal Osteotomy: Anterior Approach		
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	$3,695.53
+22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	Excluded from payment in ASCs
Spinal Fusion: Lateral Extracavitary Approach		
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	$9,255.83
+22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	Excluded from payment in ASCs
Spinal Fusion: Anterior and Posterior Approach		
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	$20,101.23
+22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	Packaged
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	$11,727.25
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	$13,491.52
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar	$20,858.55
+22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	Packaged

CPT Code[3]	Descriptor	ASC Amount[4]
Spinal Fusion: Anterior and Posterior Approach		
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar	$20,841.42
+22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	N/A
Artificial Disc Replacement		
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	$12,699.87
+22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	Packaged
Posterior Midline Approach: Laminectomy/Laminotomy/Decompression		
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	$3,695.53
+63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	Packaged
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	$3,695.53
+63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)	Packaged

CPT Code[3]	Descriptor	ASC Amount[4]
Spinal Cord/Nerve Root Decompression: Costovertebral or Transpedicular Approach		
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	$3,695.53
+63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	Packaged
Other: Category III, Unlisted, or Special Conditions		
0719T	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment	N/A
22899	Unlisted procedure, spine	Excluded from payment in ASCs
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	$3,695.53
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	$9,696.16

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Physician Coding and Payment

Beginning January 1, 2026, Medicare will determine payment based on two separate conversion factors, depending on whether the physician participates in an Advanced Alternative Payment Model (APM).

Payment rates for both qualifying and non-qualifying physicians are included in the following section.

Potential Procedures Using Oxiplex Absorbable Gel – Physician Fee Schedule - Facility

CPT code[3]	Descriptor	Work RVUs	Facility Total RVUs	2026 Payment Rate[5] (Qualifying Physician)	2026 Payment Rate[5] (Non-Qualifying Physician)
Spinal Osteotomy: Anterior Approach					
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	22.51	44.33	$1,488.05	$1,480.66
+22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	5.88	9.57	$321.24	$319.65
Spinal Fusion: Lateral Extracavitary Approach					
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	24.17	46.34	$1,555.52	$1,547.80
+22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	5.84	9.68	$324.93	$323.32
Spinal Fusion: Anterior and Posterior Approach					
22558	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	22.94	42.64	$1,431.32	$1,424.21

CPT code[3]	Descriptor	Work RVUs	Facility Total RVUs	2026 Payment Rate[5] (Qualifying Physician)	2026 Payment Rate[5] (Non-Qualifying Physician)
Spinal Fusion: Anterior and Posterior Approach					
+22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	5.38	8.61	$289.02	$287.58
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	27.42	60.11	$2,017.74	$2,007.73
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	22.94	43.93	$1,474.62	$1,467.30
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	6.27	10.46	$351.12	$349.37
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar	21.54	45.22	$1,517.92	$1,510.39
+22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	5.09	8.61	$289.02	$287.58

CPT code[3]	Descriptor	Work RVUs	Facility Total RVUs	2026 Payment Rate[5] (Qualifying Physician)	2026 Payment Rate[5] (Non-Qualifying Physician)
Spinal Fusion: Anterior and Posterior Approach					
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar	26.13	50.88	$1,707.91	$1,699.44
+22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	7.76	12.94	$434.36	$432.21
Artificial Disc Replacement					
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	26.45	46.98	$1,577.00	$1,569.17
+22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	6.71	10.31	$346.08	$344.36
Posterior Midline Approach: Laminectomy/Laminotomy/Decompression					
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	11.70	26.89	$902.63	$898.15

CPT code[3]	Descriptor	Work RVUs	Facility Total RVUs	2026 Payment Rate[5] (Qualifying Physician)	2026 Payment Rate[5] (Non-Qualifying Physician)
Posterior Midline Approach: Laminectomy/Laminotomy/Decompression					
+63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	3.76	6.18	$207.45	$206.42
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	18.29	36.53	$1,226.22	$1,220.13
+63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)	Contractor Priced			
Spinal Cord/Nerve Root Decompression: Costovertebral or Transpedicular Approach					
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	21.31	42.04	$1,411.18	$1,404.17
+63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	5.12	8.61	$289.02	$287.58

CPT code[3]	Descriptor	Work RVUs	Facility Total RVUs	2026 Payment Rate[5] (Qualifying Physician)	2026 Payment Rate[5] (Non-Qualifying Physician)
Other: Category III, Unlisted, or Special Conditions					
0719T	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment		Contractor Priced		
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar		Contractor Priced		
22899	Unlisted procedure, spine		Contractor Priced		

References

1. ICD-10-PCS 2026: The Complete Official Codebook. American Medical Association; 2025.
2. 2026 CMS IPPS Final Rule, Tables 1B, 1D, and 5 (available on CMS' website), 90 Fed. Reg. 147 (August 4, 2025).
3. CPT Copyright 2025 American Medical Association. All rights reserved. AMA and CPT are registered trademarks of the American Medical Association.
4. 2026 CMS OPPS/ASC Final Rule, Addendum B and AA (available on CMS website), CMS-1834-FC (Nov. 25, 2025).
5. 2026 CMS PFS Final Rule, CMS-1832-F, Addendum B (available on CMS website, Correction notice dated November 3, 2025). Non-Qualifying Physician Conversion factor on January 1, 2026: $33.4009. Qualifying Physician Conversion factor on January 1, 2026: $33.5675.

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