Coding Reference Guide

SpF®
Implantable Spinal Fusion Stimulator

Powered by Direct Current Technology

The SpF® PLUS-Mini Implantable Spinal Fusion Stimulators are indicated as a spinal fusion adjunct to increase the probability of fusion success in 1 or 2 levels. The SpF®-XL IIb Implantable Spinal Fusion Stimulators are indicated as a spinal fusion adjunct to increase the probability of fusion success in 3 or more levels.

Physician	
CPT® Code	**Description**
20975	Electrical stimulation to aid bone healing; invasive (operative)
Removal	
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)

Hospital Inpatient: ICD-10-PCS Code and Description

Implantation

Ø Medical and Surgical
Q Lower Bones
H Insertion

Body Part	**Approach**	**Device**	**Qualifier**
Y Lower Bone	**Ø** Open	**M** Bone Growth Stimulator	**Z** No Qualifier

Removal

Ø Medical and Surgical
Q Lower Bones
P Removal

Body Part	**Approach**	**Device**	**Qualifier**
Y Lower Bone	**Ø** Open	**M** Bone Growth Stimulator	**Z** No Qualifier

Revision

Ø Medical and Surgical
Q Lower Bones
W Revision

Body Part	**Approach**	**Device**	**Qualifier**
Y Lower Bone	**Ø** Open	**M** Bone Growth Stimulator	**Z** No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	**Description**
515	Other Musculoskeletal System and Connective Tissue O.R. Procedure with MCC
516	Other Musculoskeletal System and Connective Tissue O.R. Procedure with CC
517	Other Musculoskeletal System and Connective Tissue O.R. Procedure without CC/MCC
495	Local Excision and Removal Internal Fixation Devices Except Hip and Femur with MCC
496	Local Excision and Removal Internal Fixation Devices Except Hip and Femur with CC
497	Local Excision and Removal Internal Fixation Devices Except Hip and Femur without CC/MCC

CC – Complication and/or Comorbidity; MCC – Major Complication and/or Comorbidity

*Other MS-DRGs may be applicable. MS-DRG will be determined by the patient's diagnosis and any procedure(s) performed.

Hospital Outpatient and Ambulatory Surgery Center (ASC)				
CPT® Code	**Description**	**OPPS Status Indicator**	**Ambulatory Payment Classification**	**ASC Payment Indicator**
20975	Electrical stimulation to aid bone healing; invasive (operative)	N	--	N1
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	Q2	5073	A2

OPPS – Outpatient Prospective Payment System; APC - Ambulatory Payment Classification; ASC - Ambulatory Surgical Center

Status Indicator:
N – Payment is packaged into payment for other services; no separate APC payment
Q2 – Payment is packaged when provided with a significant procedure but is separately paid when the service appears on the claim without a significant procedure.

APC 5073 – Level 3 Excision/ Biopsy/ Incision and Drainage.

Payment Indicator:
N1 - Packaged service/item; no separate payment
A2 – Payment based on OPPS relative payment weight.

HCPCS (Healthcare Common Procedure Coding System)	
Code	**Description**
E0749	Osteogenesis stimulator, electrical, surgically implanted

Note: *HCPCS codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare's Outpatient Prospective Payment System.*

Coding Reference Guide Disclaimer

Providers, not EBI, LLC, are solely responsible for ensuring compliance with Medicare, Medicaid and all other third-party requirements, as well as accurate coding, documentation and medical necessity for the services provided. Before filing claims, providers should confirm individual payer requirements and coverage/medical policies. The information provided in this document is not legal or coding advice; it is general reimbursement information for reference purposes only. It is important to note that EBI provides information obtained from third-party authoritative sources and such sources are subject to change without notice, including as a result in changes in reimbursement laws, regulations, rules and policies. This information may not be all-inclusive and chances may have occurred subsequent to publication of this document. This document represents no promise or guarantee by EBI regarding coverage or payment for products or procedures by Medicare or other payers. Inquiries can be directed to the provider's respective Medicare Administrative Contractor, or to appropriate payers. EBI specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on information in this guide.

EBI, LLC
1 Gatehall Drive, Suite 303
Parsippany, NJ 07054
(800) 526-2579

Legal Manufacturer
EBI Patient Care, Inc.
484 Calle E
Guaynabo, PR 00969 USA

Complete prescribing information including full indications, contraindications, warnings and precautions associated with the use of these devices may be found online at ebibonestimulator.com or by calling 800-526-2579. SpF® stimulators are indicated as a lumbar spinal fusion adjunct to increase the probability of fusion success in one or two levels or three or more levels. Do not use with defibrillators. If the stimulators are used in conjunction with metal internal fixation devices, no metallic part of the stimulator should be allowed to come into contact with the fixation device. Any surgical implantation procedure such as minimally invasive surgical-MIS procedures requiring the SpF's cathodes to be disconnected from their corresponding leads prior to or during implantation. Federal Law (U.S.A.) restricts this device to sale by or on the order of a physician. Rx Only. Single Patient Use Only. Do Not Reuse. EB00283 REV A 07/26.

Learn more
ebibonestimulator.com