



**ELEVATION**  
SPINE

# SABER-C®

SABER-C® Spacer

SABER-C® Anterior Cervical Plate

**CODING GUIDE**

## PRODUCT OVERVIEW

The Elevation Spine Saber-C® System is a cervical interbody fusion device intended for use in skeletally mature patients with degenerative disc disease (DDD) of the cervical spine (C2-T1) and is for use at a single spinal level.

*Please refer to IFU for full list of indications*

## PHYSICIAN CODING AND PAYMENT

CPT CODE	CPT DESCRIPTOR	2023 MEDICARE NATIONAL PHYSICIAN PAYMENT	
		Facility Setting	
		RVU	PAYMENT
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	51.13	\$1,690
+22853	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)	7.68	\$254
+22845	Anterior instrumentation; 2 to 3 vertebral segments (list separately in addition to code for primary procedure)	21.64	\$715

## HOSPITAL/AMBULATORY SURGERY CENTER CODING AND PAYMENT

CPT CODE	APC	HOSPITAL OUTPATIENT FACILITY PAYMENT		ASC FACILITY PAYMENT	
		SI	PAYMENT	PI	PAYMENT
22551	5115	J1	\$12,593	J8	\$9,134
+22853	-	N	-	NI	-
+22845	-	N	-	NI	-

*22853 and 22845 does not have any associated Ambulatory Payment Classification.*

*Status Indicator: N - Payment is packaged into payment for other services; no separate APC payment*

*J1 - Paid under OPPS*

*Payment Indicator: NI - Packaged service/item; no separate payment.*

*J8 - Device intensive procedure; paid at adjusted rate*

## HOSPITAL INPATIENT: MEDICARE SEVERITY-DIAGNOSIS RELATED GROUP (MS-DRG)

MS-DRG	DESCRIPTION	MDC	RELATIVE WEIGHT	2023 MEDICARE PAYMENT
28	Spinal Procedures with MCC*	01	5.8775	\$36,733
29	Spinal Procedures with CC** or Spinal Neurostimulators	01	3.4176	\$21,359
30	Spinal procedures without CC/MCC	01	2.3412	\$14,632
453	Combined Anterior/Posterior Spinal Fusion with MCC	08	9.1548	\$57,216
454	Combined Anterior/Posterior Spinal Fusion with CC	08	6.0909	\$38,067
455	Combined Anterior/Posterior Spinal Fusion without CC/MCC	08	4.7880	\$29,924
471	Cervical Spinal Fusion with MCC	08	5.0370	\$31,480
472	Cervical Spinal Fusion with CC	08	3.0710	\$19,193
473	Cervical Spinal Fusion without CC/MCC	08	2.5351	\$15,844

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

\*MCC - Major Complication and/or Comorbidity

\*\*CC - Complication and/or Comorbidity

## HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

CODE	DESCRIPTION
C1889	Implantable/insertable device, not otherwise classified

2023 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule (CMS-1771-F)

2023 Medicare Physician Fee Schedule (CMS-1771-F) RVU multiplied by 33.0607 conversion factor, effective January 1, 2023.

### \*DISCLAIMER

While reasonable efforts have been made to ensure the accuracy of the information set forth, ELEVATION SPINE cannot guarantee reimbursement for any product or procedure. ELEVATION SPINE has gathered this information from third-party sources which are subject to change without notice resulting from changing laws, regulations, and policies. We present this information for illustrative purposes only; this document does not constitute reimbursement or legal advice. It is the responsibility of the medical provider to determine the medical necessity for all services, contact insurance companies for specific coverage, coding and billing policies as well as update the information described herein. Coding is at the sole discretion of the physician.

