



MAGEC

Hospital coding and reimbursement for the MAGEC system

MAGEC (MAGnetic Expansion Control) is an adjustable growing rod that utilizes innovative magnet technology and an external remote controller (ERC) to non-invasively lengthen the device after implantation. This system is designed to eliminate the need for repeat surgeries for lengthening and allows for distraction to be done routinely in the physician's office.

The NuVasive MAGEC system has been cleared by the FDA for skeletally immature patients less than 10 years of age with severe progressive spinal deformities (e.g., Cobb angle of 30° or more; thoracic spine height less than 22 cm) associated with or at risk of thoracic insufficiency syndrome (TIS), defined as the inability of the thorax to support normal respiration or lung growth. The MAGEC system is an adjustable growing rod used to brace the spine during growth to minimize the progression of scoliosis. The rod includes a small internal magnet, which allows the rod to be lengthened by use of an ERC.

Hospital coding

This guide has been developed to assist you in reporting of procedures associated with the MAGEC system. It is important to understand that coding is specific to the procedure being performed, not to the device being used. Ultimately, it is the physician's responsibility to choose codes that accurately describe the patient's condition and the services performed.

Inpatient hospital

Medicare pays for inpatient care through its Medicare Severity Diagnosis Related Group (MS-DRG) system. Each inpatient episode of care is assigned to a single MS-DRG, primarily on the basis of patient diagnosis, the presence or absence of complicating conditions at time of admission and surgical ICD-10-PCS procedures performed during the hospitalization. Possible ICD-10-PCS codes for the MAGEC procedure are listed below.

Benefits and coverage

Verifying a patient's insurance eligibility and benefits is an important step prior to scheduling a procedure. Providers should contact the insurer to ask whether the patient's coverage is currently active, and what the patient's payment responsibilities are. Gather information about co-payments, deductibles, co-insurance and other out-of-pocket expenses prior to surgery and post-surgery, including any prior authorization or pre-certification requirements.

Reference

1. ICD-10-PCS Expert for Hospitals, 2020. Copyright 2019 AAPC.

The information contained in this document is for informational purposes only and is current as of March 2020. It is always the responsibility of the provider to determine if the services actually provided are accurately described by any specific code(s) and to report services consistent with specific payor requirements. This information is subject to change at any time, and NuVasive strongly recommends that you consult your payor organization with regard to its reimbursement policies. In all cases, services billed must be medically necessary, actually performed as reported, and appropriately documented.

The NuVasive MAGEC system is comprised of a sterile single-use spinal rod that is surgically implanted using appropriate NuVasive Reline and Armada fixation components or Stryker Xia fixation components. The system includes a non-sterile hand-held ERC that is used at various times after implant to non-invasively lengthen or shorten the implanted spinal rod. The MAGEC system is indicated for skeletally immature patients less than 10 years of age with severe progressive spinal deformities (e.g., Cobb angle of 30° or more; thoracic spine height less than 22 cm) associated with or at risk of thoracic insufficiency syndrome. Please refer to the MAGEC system instructions for use for a complete list of the contraindications, warnings and precautions, as well as important directions for use. The bracing and distraction system and the ERC are to be used only by a trained licensed physician. **Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.**

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Insertion or revision

ICD-10-PCS	Description
XNS0032*	Reposition of lumbar vertebra using magnetically controlled growth rod(s), open approach
XNS0332*	Reposition of lumbar vertebra using magnetically controlled growth rod(s), percutaneous approach
XNS3032*	Reposition of cervical vertebra using magnetically controlled growth rod(s), open approach
XNS3332*	Reposition of cervical vertebra using magnetically controlled growth rod(s), percutaneous approach
XNS4032*	Reposition of thoracic vertebra using magnetically controlled growth rod(s), open approach
XNS4332*	Reposition of thoracic vertebra using magnetically controlled growth rod(s), percutaneous approach

Removal

ICD-10-PCS	Description
0PP334Z	Removal, percutaneous, internal fixation device, cervical vertebra
0PP434Z	Removal, percutaneous, internal fixation device, thoracic vertebra
0QP034Z	Removal, percutaneous, internal fixation device, lumbar vertebra

*New technology group 2

