



MAGEC

2022 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.

Procedure 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.

Physician coding and payment

Physicians and other providers use CPT® codes to report procedures and services. Medicare reimburses CPT codes under a fee schedule, based on the relative value units (RVUs) assigned to each code. Private payors may base their reimbursement rates on the Medicare rates, RVUs or other physician contracted and/or negotiated amounts.

Codes commonly reported for procedures associated with the MAGEC system are included in this guide. Spinal deformity procedures typically involve three parts: arthrodesis, instrumentation and insertion of a graft. Osteotomies may also be performed.

There is not currently a CPT code that describes the MAGEC distraction procedure. Often, new technologies do not have established coding and payment. However, physicians should expect to be reimbursed for procedures that are medically reasonable and necessary when treating a patient. The CPT code currently recommended for the MAGEC system is CPT 22899-unlisted procedure, spine.

Since unlisted procedure codes do not describe a specific procedure or service, claims must be submitted with supporting documentation and may be subject to manual review. Established codes similar to the unlisted code will be identified to determine reimbursement. Payors' lack of familiarity with MAGEC, together with the absence of established payment rates for the procedure, means that physician claims may require further information. In addition to justification of charges, payors may request technical information about the MAGEC system and clinical justification for its use, either generally or in a particular case.

Potential coding for initial implant procedure (report the appropriate combination of codes) or final fusion procedure (post-explant) with Medicare 2022 physician facility-based national average payment

CPT ² code	Description	2022 Medicare physician national average payment ³	Physician facility-based RVUs ³
22800*	Arthrodesis, posterior, for spinal deformity, with or without cast; up to six vertebral segments	\$1,394.28	40.29
22802*	Arthrodesis, posterior, for spinal deformity, with or without cast; seven to twelve vertebral segments	\$2,170.53	62.72
22804*	Arthrodesis, posterior, for spinal deformity, with or without cast; thirteen or more vertebral segments	\$2,489.92	71.76
22899	Unlisted procedure, spine	Carrier priced	N/A
22212*	Osteotomy of spine, posterior or posterolateral approach; one vertebral segment; thoracic	\$1,549.25	44.83
22214*	Osteotomy of spine, posterior or posterolateral approach; one vertebral segment; lumbar	\$1,551.74	44.84

*When two or more eligible (starred) procedures are billed on the same date of service, multiple procedure reductions apply. The primary procedure, typically the most expensive, is reimbursed at 100% of the fee schedule; each additional eligible procedure is reimbursed at 50% of the fee schedule.

CPT ² code	Description	2022 Medicare physician national average payment ³	Physician facility-based RVUs ³
22216**	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; each additional vertebral segment	\$370.29	10.70
20930**	Allograft, morselized, or placement of osteopromotive material, for spine surgery only	\$0	0
20931**	Allograft, structural, for spine surgery only	\$112.82	3.26
20936**	Autograft for spine surgery only (includes harvesting the graft); local (e.g., ribs, spinous process, or lamina fragments) obtained from same incision	\$0	0
20937**	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision)	\$170.26	4.92
20938**	Autograft; for spine surgery only (includes harvesting the graft); structural, bicortical, or tricortical (through separate skin or fascial incision)	\$187.91	5.43
22842**	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); three to six vertebral segments	\$778.64	22.50
22843**	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); seven to twelve vertebral segments	\$832.63	24.06
22844**	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); thirteen or more vertebral segments	\$1004.27	29.02
22848**	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum	\$366.83	10.60

Replacement, revision or removal/explant procedure

CPT ² code	Description	2022 Medicare physician national average payment	Physician facility-based RVUs ³
22849	Reinsertion of spinal fixation device Note: When instrumentation is removed and reinserted at the same level during the same surgical session, 22849 is reported.	\$1,342.37	38.79
22852	Removal of posterior segmental instrumentation	\$728.11	21.04

Distraction and distraction measurement

CPT ² code	Description	2022 Medicare physician national average payment ³	Physician facility-based RVUs ³
22899	Unlisted procedure, spine	Carrier priced	N/A
76800-26	Ultrasound, spinal canal and contents	\$60.56	1.75
72082-26	Radiologic examination; spine; entire thoracic and lumbar, including skull, and cervical and sacral spine, if performed (e.g., scoliosis evaluation); two or three views	\$15.57	0.45

**List separately in addition to code for primary procedure

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 to the right.

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

References

1. ICD-10-PCS Expert for Hospitals, 2022. Copyright 2021 AAPC.
2. Current Procedural Terminology 2022. American Medical Association. CPT is a registered trademark of the American Medical Association. Current Procedural Terminology (CPT) is copyright American Medical Association. All rights reserved. Applicable FARS/DFARS clauses apply.
3. Medicare Physician Fee Schedule Final Rule, Federal Register, 2021.

The information contained in this document is for informational purposes only and is current as of January 2022. 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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