2024 Quick Reference Guide

Physician Reimbursement 2024

BARRICAID

Coding and Payment Guide for Medicare Reimbursement: The following are the 2024 Medicare coding and national physician payment rates for the Barricaid procedure.

CPT®[1]	Description	Global Period	Facility RVU[2]	National Average Payment[3]
Discectomy				
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s). Including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar excision of herniated intervertebral disc; 1 interspace, lumbar	90	27.85	$911.93
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	90	39.29	$1,286.92
Barricaid				
22899	Unlisted procedure, spine	N/A	N/A	Local MAC Priced

Diagnosis Codes[4]

ICD-10-CM		Description
1) Disc Herniation	M51.26	Other intervertebral disc displacement, lumbar region
	M51.27	Other intervertebral disc displacement, lumbosacral region
2) Reason for Surgery	M51.A0	Intervertebral annulus fibrosus defect, unspecified size, lumbar region
	M51.A1	Intervertebral annulus fibrosus defect, small, lumbar region
	M51.A2	Intervertebral annulus fibrosus defect, large, lumbar region
	M51.A3	Intervertebral annulus fibrosus defect, unspecified size, lumbosacral region
	M51.A4	Intervertebral annulus fibrosus defect, small, lumbosacral region
	M51.A5	Intervertebral annulus fibrosus defect, large, lumbosacral region
3) Additional Signs and Symptoms	M51.06	Intervertebral disc disorders with myelopathy, lumbar region
	M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
	M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region

Please see Instructions for Use, indications for use, contraindications, warnings, and precautions. US FDA PMA P160050
www.barricaid.com/instructions/

Disclaimer: This reimbursement information is provided by Intrinsic for informational purposes only. This is not an affirmative instruction as to which codes and modifiers to use for a particular service or item. Any coding, coverage, and payment information contained herein is gathered from various resources and is subject to change without notice. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services and to submit appropriate codes, charges, and modifiers for services that are rendered. Intrinsic recommends that you consult with your payors, reimbursement specialists and/or legal counsel regarding coding, coverage, and reimbursement matters. Rates for services are effective January 1, 2024.

Sequestration Disclaimer: Rates referenced in these guides do not reflect Sequestration; automatic reductions in federal spending that will result in a 3.4% across-the-board reduction to ALL Medicare rates as of January 1, 2024. (Budget Control Act of 2011).

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2. Department of Health and Human Services. Centers for Medicare and Medicaid Services. RVU21B released November 18, 2024 CMS National Physician Fee Schedule Relative Value File. The 2024 National Average Medicare physician payment rates have been calculated using a revised 2022 conversion factor of $32.74 which reflects changes effective as of calendar year 2024.
3. 2024 CMS PFS Final Rule, Addendum B, (available on CMS website), 86 Fed. Reg. 221 (Nov. 18, 2023), PPRRVU January 2024 https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-final-rule
4. ICD-10 CM Reference Manual: https://www.cms.gov/medicare/coding-billing/icd-10-codes/2024-icd-10-cm

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