

Minuteman®

2025 Billing Guidance

Physician

CPT Code ¹	CPT Code Description	RVU (CF 32.34)	2025 Medicare National Average Payment
22612	Arthrodesis, posterior or posterolateral technique, single interspace: lumbar (with lateral transverse technique, when performed)	47.79	\$1,553.60
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) <i>(List separately in addition to code for primary procedure)</i>	22.6	\$732.32
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only <i>(List separately in addition to code for primary procedure)</i>	N/A	Bundled Code

ASC

CPT Code ¹	CPT Code Description	PI	2025 Medicare National Average Payment
22612	Arthrodesis, posterior or posterolateral technique, single interspace: lumbar (with lateral transverse technique, when performed)	J8	\$14,036.62
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) <i>(List separately in addition to code for primary procedure)</i>	N1	N/A
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only <i>(List separately in addition to code for primary procedure)</i>	N1	N/A

Hospital Outpatient

CPT Code ¹	CPT Code Description	SI	APC	2025 Medicare National Average Payment
22612	Arthrodesis, posterior or posterolateral technique, single interspace: lumbar (with lateral transverse technique, when performed)	J1	5116	\$18,390.10
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) <i>(List separately in addition to code for primary procedure)</i>	N	N/A	N/A
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only <i>(List separately in addition to code for primary procedure)</i>	N	N/A	N/A



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Patient Eligibility

Indications	Contraindications*
Diagnosis of Lumbar Spinal Stenosis	Patients with a PARS fracture and/or significant instability of the lumbar spine
Diagnosis of Degenerative Disc Disease	Significant scoliosis (Cobb angle greater than 25 degrees)
Diagnosis of Spondylolisthesis	Pregnancy

Example Diagnosis

Primary Diagnosis Codes	Diagnosis Code Description
M53.2X6	Spinal instabilities, lumbar region
M51.06	Intervertebral disc disorders with myelopathy, lumbar region
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
M43.16	Spondylolisthesis, lumbar region

Commercial (Private) Payers

Coverage for Posterolateral Spinal Arthrodesis (Minuteman) varies by payer policy. We encourage providers to contact non-Medicare payers to confirm coverage prior to performing procedure.

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***For a complete list of contraindications, please refer to the Indications for Use**

