INTERLAMINAR-INTERSPINOUS FIXATION
Spinal Stenosis & Spinal Fusion

Indications For Use: The Inspan Spinous Process Plate System is a posterior non-pedicle supplemental fixation system intended for use in the non-cervical spine (T1-S1). It is intended for plate fixation/attachment to the spinous process for the purpose of achieving supplemental fusion for the following indications: spondylolisthesis, trauma (fracture or dislocation), tumor, degenerative disc disease (defined as discogenic pain with degeneration of the disc confirmed by history and radiographic studies) or lumbar spinal stenosis. The device is intended for use with bone graft material and is not intended for stand-alone use.

2026 Medicare National Average Rate and Allowable (Not adjusted for Geography)[2]

CPT Code	Code Description	Physician (Facility Setting)	RVU	Hospital Outpatient	ASC
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; one interspace, lumbar	$898.15	26.89 *(wRVUs=11.70)*	$7,413	$3,696
(+)63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (list separately in addition to code for primary procedure)	$206.42	6.18 *(wRVUs=3.76)*	Packaged service	Packaged service
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	$1,065.49	31.90 *(wRVUs=14.99)*	$7,413	$3,696
(+)63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (list separately in addition to code for primary procedure)	$187.38	5.61 *(wRVUs=3.38)*	Packaged service	Package service
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	$1,012.05	30.30 *(wRVUs=14.63)*	$17,913	$13,800
(+)22899	Interspinous fixation device instead of 22840. (List separately in addition to code for primary procedure)	Unlisted procedure Spine*	Unlisted procedure Spine*	Unlisted procedure Spine*	Unlisted procedure Spine*
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	$1,467.64	43.94 *(wRVUs=22.94)*	$17,913	$13,491
(+)22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (list separately in addition to primary code)	$349.37	10.46 *(wRVUs=6.27)*	Packaged	Packaged
(+)22840	Posterior non-segmental instrumentation (e.g., Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial trans articular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	$668.35	20.01 *(wRVUs=12.21)*	Packaged	Packaged
(+)22842	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (list separately in addition to code for primary procedure)	$680.04	20.36 *(wRVUs=12.25)*	Packaged	Packaged

CPT Code	Code Description	Physician (Facility Setting)	RVU	Hospital Outpatient	ASC
(+)20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (list separately in addition to code for primary procedure	$0	0.0	Package service	Package service
(+)20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (list separately in addition to code for primary procedure)	$67.93	2.1 *(wRVUs=1.16)*	Package service	Package service

HCPCS Code	Description	Notes
C1713	**Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)**	For Medicare, anchors/screws/joint devices are not separately reimbursed in any setting of care (eg, hospital, ASC). These costs are absorbed by the facility via the appropriate reimbursement mechanism (eg, MS-DRG, APC, etc).
C1821	**Interspinous process distraction device (implantable)**	

References

1. CPT® 2026, American Medical Association. All rights reserved.
2. CMS CY 2026 Medicare Physician Fee Schedule Final Rule, CMS-1832-F; Medicare Physician Fee Schedule Look-Up Tool and RVU files.
3. CMS CY 2026 OPPS/ASC Final Rule, CMS-1834-FC; OPPS Addendum B and ASC payment addenda.
4. Medicare Procedure Price Lookup, Medicare.gov.
5. CMS FY 2026 ICD-10-CM Official Guidelines and CY 2026 HCPCS Level II files.
6. Rates shown are national Medicare reference amounts and may vary based on geography, payer policy, coverage, modifiers, packaging, and provider-specific adjustments.

Coding Reference Guide Disclaimer

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