

# VIA<sup>®</sup> VIABLE BONE MATRICES

---



## CODING & BILLING GUIDE

JANUARY 2023 REIMBURSEMENT INFORMATION

VIVEX<sup>®</sup>  
BIOLOGICS



The reimbursement information provided in this guide is gathered from third-party sources and is subject to change without notice because of complex and frequently changing laws, regulations, rules, and policies. This information is presented for illustrative purposes only and does not constitute reimbursement advice. VIVEX encourages providers to submit accurate and appropriate claims for services. 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. VIVEX recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters.

## VIA BONE PRODUCTS

VIA Viable Bone Matrices are derived from bone. The VIA bone products include VIA Graft®, VIA Graft Moldable®, VIA Form Moldable®, and VIA Form+™.

## INTENDED USE

VIA bone products are intended for use as a bone void filler.

## ►► POSSIBLE CODES FOR VIA VIABLE BONE MATRICES

The following Codes may be applicable for services involving VIA bone products  
*Application/Insertion of Bone Graft (reported once per procedure)*

HCPSC II CODE <sup>1</sup>	DESCRIPTION
L8699	Prosthetic implant, not otherwise specified

PROCEDURE	CODES <sup>2</sup>	PROCEDURE DESCRIPTION
ALLOGRAFT	20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (list separately in addition to code for primary procedure)
	20931	Allograft, structural, for spine surgery only (list separately in addition to code for primary procedure)

## ►► COMMON PROCEDURES ASSOCIATED WITH VIA VIABLE BONE MATRICES

PROCEDURE	CODES	PROCEDURE DESCRIPTION
POSTERIOR FUSION	22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)
	22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment
	22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique when performed)
	22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique when performed)
	22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (list separately in addition to code for primary procedure)

PROCEDURE	CODES	PROCEDURE DESCRIPTION
<b>ANTERIOR FUSION</b>	22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process
	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2
	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy, and decompression of spinal cord and/or nerve roots; cervical below C2; each additional interspace (list separately in addition to code for primary procedure)
	22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
	22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
	22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
	22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (list separately in addition to code for primary procedure)
<b>PLIF OR TLIF</b>	22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
	22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (list separately in addition to code for primary procedure)
<b>COMBINED FUSION</b>	22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar
	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; (list separately in addition to code for primary procedure)
<b>BIOMECHANICAL DEVICES</b>	22851	Application of intervertebral biomechanical device(s) (e.g., synthetic cages, methylmethacrylate) to vertebral defect or interspace (list separately in addition to code for primary procedure)
	22853	Insertion of interbody biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (list separately in addition to code for primary procedure)
	22854	Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (list separately in addition to code for primary procedure)
	22859	Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (list separately in addition to code for primary procedure)

PROCEDURE	CODES	PROCEDURE DESCRIPTION
<b>MUSCULOSKELETAL DEFECT REPAIR</b>	23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft
	23156	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft
	24116	Excision or curettage of bone cyst or benign tumor, humerus; with allograft
	24126	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft
	25126	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft
	25136	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft
	27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft
	27638	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft
	28103	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft
	28107	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft
	20999	Unlisted procedure, musculoskeletal system, general
<b>CRANIAL OR PLASTIC SURGERY</b>	21120	Genioplasty; augmentation (autograft, allograft, or prosthetic material)
	21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
	21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
	21242	Arthroplasty, temporomandibular joint, with allograft
<b>JOINT REPLACEMENT</b>	27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
	27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
	37134	Revision of total hip arthroplasty; both components, with or without autograft or allograft
	27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
	27138	Revision of total hip arthroplasty; femoral component only, with or without autograft or allograft
	27486	Revision of total knee arthroplasty; with or without autograft; 1 component
	27487	Revision of total knee arthroplasty; with or without allograft; femoral and entire tibial component

## ►► MODIFIER

In addition to selecting the correct code, providers, coders, and billers should ensure the proper modifiers are used. Modifiers should be used in accordance with the appropriate procedure codes. Below are common modifiers used for surgical procedures performed in conjunction with VIA bone products. This list is not exhaustive and is meant for illustrative purposes only. It is not intended to represent all modifiers. Please refer to the most current CPT and/or HCPCS manual for a complete list of modifiers, descriptors, and instructions for use.

Modifier	Description
-50	Bilateral Procedure
-51	Multiple Procedures
-52	Reduced Services
-59	Distinct Procedural Service
-62	Two Surgeons
-66	Surgical Team
-99	Multiple Modifiers
-LT/-RT	Left Side/Right Side

## ►► FREQUENTLY ASKED REIMBURSEMENT QUESTIONS

### WHAT ARE VIA VIABLE BONE MATRICES?

VIA bone products are human tissues for transplantation and are viable bone matrices derived from bone.

### WHAT ARE THE INDICATIONS FOR VIA VIABLE BONE MATRICES?

VIA bone products are indicated for use as a bone void filler.

### WHAT IS THE REGULATORY STATUS FOR VIA VIABLE BONE MATRICES?

VIA bone products are processed and distributed in accordance with FDA requirements for human cells, tissues, and cellular and tissue-based products under 21 CFR Part 1271 regulations, U.S. State regulations and the American Association of Tissue Banks (AATB) standards.

### WHAT HCPCS CODE COULD BE USED FOR THESE PRODUCTS?

L8699 (Prosthetic implant, not otherwise specified).

### ARE THE PROCEDURES COVERED BY PAYERS?

The procedures may be covered on a case by case basis based on medical necessity. Please contact your patient's payer for coverage.

## ► CLINICAL EVIDENCE

### **DO THESE PROCEDURES NEED A PRIOR AUTHORIZATION FROM THE PAYER?**

A prior authorization may be needed. Please contact your patient's payer for their prior authorization process.

### **WILL THE SURGEON RECEIVE PAYMENT FOR THE PLACEMENT OF VIA VIABLE BONE MATRICES DURING A SURGICAL PROCEDURE?**

Please refer to the specific CPT code that will be used to describe the surgical procedure. For many spine procedures, there is a separate code for allograft that surgeons can utilize that may allow for payment. If the description of the CPT code used includes allograft (e.g. Excision or curettage of bone cyst or benign tumor of femur; with allograft), payment for graft placement is included in the CPT code for the surgical procedure.

### **DOES THE HOSPITAL GET PAID SEPARATELY FOR THE COST OF VIA BONE PRODUCTS?**

Payment will vary from payer to payer. Under the Medicare program, the cost of VIA bone products are included in the payment to the hospital for inpatient and outpatient procedures. This is also true for Medicare patients undergoing surgical procedures in the ASC setting. Hospitals and ASCs are encouraged to check with private payers to determine potential separate payment for VIA bone products.

## ► QUESTIONS?

Customers using VIA bone products can contact VIVEX Reimbursement Support at 877.475.0888 or [reimbursement@vivex.com](mailto:reimbursement@vivex.com).

VIVEX has used reasonable efforts to provide accurate and complete information herein, but this information should not be construed as providing clinical advice, dictating reimbursement policy, or as a substitute for the judgment of a health care provider. It is the health care provider's responsibility to determine the appropriate treatment, codes, charges for services, and use of modifiers for services rendered and to submit coverage or reimbursement-related documentation. Reimbursement laws, regulations, and payer policies change frequently without notice, and VIVEX assumes no responsibility for the timeliness, accuracy, or completeness of the information provided. It is highly recommended that health care providers consult with their payers, coding specialists, and/or legal counsel regarding coverage, coding, and payment issues.

1. CPT Copyright 2021 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.
2. Healthcare Common Procedure Coding System (HCPCS) Level II codes are maintained by the Centers for Medicare and Medicaid Services. <http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html>. Accessed December 9, 2022



2430 NW 116th Street, Miami, FL 33167  
(888) 684-7783 | [vivex.com](http://vivex.com) | [customercare@vivex.com](mailto:customercare@vivex.com)  
Trademarks™ and Registered Trademarks® of 2023 Vivex Biologics, Inc.  
Copyright © 2023 Vivex Biologics, Inc. All rights reserved.