

What CPT code is used to report the use of i-FACTOR[®]?

CPT code 20930 is used to report the placement of i-FACTOR[®] in single-level ACDF. For detailed coding, please refer to the i-FACTOR[®] Reimbursement Guide.

Do insurance companies cover the use of i-FACTOR[®] and will hospitals/ASCs be reimbursed?

The payment for i-FACTOR[®] is typically bundled with its primary surgery in both inpatient and outpatient settings, which means that no additional payment is provided for i-FACTOR[®] outside of the payment for primary surgery. For coding and payment details, please refer to the i-FACTOR[®] Reimbursement Guide.

Is prior authorization required for i-FACTOR[®]?

Most insurance companies will require prior authorization for spinal fusion surgeries. A typical prior authorization form requires the information of patient demographics, primary spinal fusion surgery, products to be used (e.g., i-FACTOR[®]), and supporting clinical documentation.

What if i-FACTOR[®] is denied by insurance companies?

A peer-to-peer review may take place between the surgeon and an insurance medical reviewer to further explain the benefits of i-FACTOR[®] in addition to responding to any questions or concerns regarding medical necessity. If the review is unsuccessful, a written provider appeal may be submitted to the insurance company for review.

Please refer to the i-FACTOR Denial Letter Template for guidance.

i-FACTOR® REIMBURSEMENT FAQs

Important Information:

This document is intended solely for the use of healthcare professionals. Reimbursement, coding, coverage, and payment information is provided for general information only and is not intended to provide coverage, coding, payment, medical treatment or legal advice. Cerapedics does not warrant, promise, guarantee, or make any statement that the codes supplied in this guide are appropriate for any individual patient or that the use of this information will result in coverage or payment for treatment using any Cerapedics products or that any payment received will reimburse a provider's costs. The information is not intended to guarantee or increase payment by any payor. Laws, regulations, and policies concerning reimbursement are complex, subject to change and updated regularly.

Cerapedics does not assume any responsibility for coding decisions, nor does it recommend codes for specific patients' procedures. The provider is solely responsible for reporting the codes that accurately describe the services furnished to a particular patient as well as the patient's medical condition. It is the provider's responsibility to determine and document that the services provided are medically necessary and that the site of service is appropriate. It is the health care provider's responsibility to report the patient diagnosis, the procedures performed, and the products used, consistent with the specific payer's guidelines.

There is no requirement that any patient or healthcare provider uses i-FACTOR® in exchange for this information and a physician must always rely on his or her own professional clinical judgment when deciding whether to use a particular product when treating a particular patient.

For assistance and support, contact:



reimbursement@cerapedics.com



(303) 974-6275, press 7



[info.cerapedics.com/reimbursement](https://www.cerapedics.com/reimbursement)

i-FACTOR®

PEPTIDE ENHANCED BONE GRAFT POWERED BY

P15 | osteogenic cell
binding peptide



 **Cerapedics™**
Repairing bones. Healing lives.