

PearlMatrix® & i-FACTOR® P-15 ENHANCED BONE GRAFTS

2026 REIMBURSEMENT GUIDE



1. This item should be considered "promotional" if for field use. Please update the document details. [Jody Gleason]

Selected Procedures: Single-level ACDF; Single-level TLIF/PLIF; Single-level ALIF/OLIF/LLIF

This guide summarizes commonly billed CPT® procedure codes and the unadjusted national Medicare average rates for CY 2026 for Physician (MPFS), Hospital Outpatient (OPPS), Ambulatory Surgery Center (ASC), and Hospital Inpatient (MS-DRG) settings. It is intended for general informational purposes only and does not constitute legal or reimbursement advice.

Single-Level ACDF (Anterior Cervical Discectomy & Fusion)

Physician				Hospital Outpatient			ASC	
CPT® Code	Description	Work RVU	Facility Rate	Status Indicator	APC	Rate	Payment Indicator	Rate
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2	24.38	\$1,674	J1	5115	\$13,117	J8	\$9,031
+22845	Anterior instrumentation; two to three vertebral segments (add-on)	11.64	\$648	N	n/a	n/a	N1	n/a
+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 (add-on)	4.14	\$229	N	n/a	n/a	N1	n/a
+20930	Allograft (morselized) / placement of osteopromotive material, for spine surgery only (add-on)	0.00	\$0.00	N	n/a	n/a	N1	n/a

Hospital Inpatient (MS-DRG) – 2026 National Unadjusted Rates

MS-DRG	Description	2026 Rate
471	Cervical spinal fusion with MCC	\$35,137
472	Cervical spinal fusion with CC	\$21,438
473	Cervical spinal fusion without CC/MCC	\$17,765



Single-Level TLIF / PLIF (Posterior Lumbar Interbody Fusion)

Physician				Hospital Outpatient			ASC	
CPT® Code	Description	Work RVU	Facility Rate	Status Indicator	APC	Rate	Payment Indicator	Rate
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	21.54	\$1,511	J1	5117	\$27,722	J8	\$20,859
+22842	Posterior segmental instrumentation; three to six vertebral segments (add-on)	12.25	\$680	N	n/a	n/a	N1	n/a
+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 (add-on)	4.14	\$229	N	n/a	n/a	N1	n/a
+20930	Allograft (morselized) / placement of osteopromotive material, for spine surgery only (add-on)	0.00	\$0.00	N	n/a	n/a	N1	n/a

Hospital Inpatient (MS-DRG) – 2026 National Unadjusted Rates

MS-DRG	Description	2026 Rate
450	Single level spinal fusion except cervical with MCC or custom-made anatomically designed interbody fusion device	\$38,782
451	Single level spinal fusion except cervical without MCC	\$23,507



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Single-Level Lumbar Interbody Fusion (ALIF / OLIF / LLIF)

Physician				Hospital Outpatient			ASC	
CPT® Code	Description	Work RVU	Facility Rate	Status Indicator	APC	Rate	Payment Indicator	Rate
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar (e.g., DLIF/XLIF/LLIF/OLIF)	22.94	\$1,424	J1	5117	\$27,722	J8	\$20,101
+22845	Anterior instrumentation; two to three vertebral segments (add-on)	11.64	\$648	N	n/a	n/a	N1	n/a
+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 (add-on)	4.14	\$229	N	n/a	n/a	N1	n/a
+20930	Allograft (morselized) / placement of osteopromotive material, for spine surgery only (add-on)	0.00	\$0.00	N	n/a	n/a	N1	n/a

Hospital Inpatient (MS-DRG) – 2026 National Unadjusted Rates

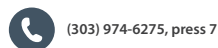
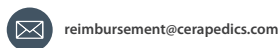
MS-DRG	Description	2026 Rate
450	Single level spinal fusion except cervical with MCC or custom-made anatomically designed interbody fusion device	\$38,782
451	Single level spinal fusion except cervical without MCC	\$23,507

Important Information:

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References

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2. OPFS 2026 Final Rule CMS-1834-FC | CMS. Cms.gov. Published November 21, 2025. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc>. Rates shown reflect the unadjusted OPFS payment rates. Actual reimbursement may vary based on hospital-specific factors, such as wage index, geographic adjustments, and other CMS payment modifiers.
3. ASC 2026 Final Rule CMS-1834-FC | CMS. Cms.gov. Published November 21, 2025. <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and-notices/cms-1834-fc>. Rates shown reflect the unadjusted ASC payment rates. Actual reimbursement may vary based on hospital-specific factors, such as wage index, geographic adjustments, and other CMS payment modifiers.
4. HCPCS 2026 Level II Professional Edition. American Medical Association; 2025.



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