2026 reimbursement guide

Percutaneous discectomy

Physician[1]

CPT® code[2]	Description	Payment in office	Payment in facility	Relative value units (RVUs) Work RVUs	Non-facility RVUs	Facility RVUs	Global period
Percutaneous discectomy							
62287	Decompression, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	N/A	$534	9.03	N/A	15.98	90

Ambulatory surgery center (ASC)[3]

CPT code	Description	Payment indicator	Multiple procedure discounting	ASC payment
Percutaneous discectomy				
62287	Decompression, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	A2	Y	$949

A2: Surgical procedure on ASC list in CY 2007; payment based on Outpatient Perspective Payment System (OPPS) relative payment weight

Hospital outpatient[3]

CPT code	Description	Status indicator	Ambulatory payment classification (APC)	APC payment
Percutaneous discectomy				
62287	Decompression, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	J1	5431	$1,995

J1: Hospital Part B services paid through a comprehensive APC

ICD-10 diagnosis codes[4]

M48.062 Spinal stenosis, lumbar region, with neurogenic claudication
M46.0X* Spinal enthesopathy
M46.4X* Discitis, unspecified
M47.2X* Other spondylosis with radiculopathy
M51.0X* Intervertebral disc disorders with myelopathy
M51.1X* Intervertebral disc disorders with radiculopathy
M51.2X* Other intervertebral disc displacement
M51.8X* Other intervertebral disc disorders
M51.9 Unspecified thoracic, thoracolumbar and lumbosacral intervertebral disc disorder
M54.1X* Radiculopathy
M54.3X* Sciatica
M54.5X* Low back pain

*Add appropriate digit to signify specificity.

HCPCS II device codes[5]

C2614
Probe, percutaneous lumbar discectomy

Questions? Contact IVS reimbursement support
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Notes:
- Information summarized in this guide references 2026 Medicare payment rates.
- "N/A" indicates that this concept does not apply, or that Medicare has not developed fee schedules in those settings of care.

References

1. 2026 CMS PFS Final Rule, Addendum B (published November 3, 2025). Medicare national average physician payment rates listed in this document are based on the 11/3/25 release of the relative value file and non-qualifying APM conversion factor of 33.4009. https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-f.
2. Current Procedural Terminology 2025, American Medical Association. Chicago, IL 2025. CPT is a registered trademark of the American Medical Association. Current Procedural Terminology (CPT®) is copyright 2025 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.
3. 2026 CMS OPPS/ASC Final Rule, Addendum AA, B and J (published November 21, 2025). https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc.
4. International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) (available on CMS.gov). Codes shown are examples. Please check with specific payer for diagnosis codes that support medical necessity.
5. Healthcare Common Procedure Coding System (HCPCS) Level II codes are maintained by the Centers for Medicare and Medicaid Services.

Indications for use

For Stryker products, refer to Indications for Use section within the Instructions for Use (IFU).

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Interventional Spine

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