



The Prescribed List

Information sheet

December 2025



Clarification about claiming benefits for spinal fusion cage devices in product group 13.10.01

There has been confusion and disputes about claiming of spinal fusion cages that are integral fixation devices (i.e. product group 13.10.01 – *Interbody, Integral Fixation*) and additional components. This has left some hospitals out of pocket.

The department has created a [list outlining each billing code](#) and the date the listing was updated. From this date, all claims for the billing code include the spinal fusion cage and all additional components.

What is the issue?

Since late 2023, the department has worked to address issues about incorrectly listed billing codes for spinal fusion cages in product group 13.10.01 – *Interbody, Integral Fixation*.

To meet the requirements for 13.10.01 – *Interbody, Integral Fixation*, the spinal cage is required to have a mechanism that allows it to achieve fixation of the cage in the spine without any additional extrinsic means, such as plates and/or screws (e.g. cages with blades). Or, if the extrinsic means of fixation (such as plates and/or screws) are listed together with the cage as a unit under the same PL billing code.

Many billing codes for spinal fusion cages (without in-built fixation mechanism) had previously been listed in group 13.10.01 – *Interbody, Integral Fixation* without plates and/or screws listed under the same billing code. The plates and screws had been listed under separate billing codes.

The department has resolved the issue by correcting each billing code with input and action from sponsors and the Spinal and Neurosurgical Expert Advisory Group (SNECAG).

As listings were corrected, private health insurers and private hospitals were unsure whether the extrinsic fixation components (such as plates and/or screws) were included with the cage, as a unit under the same PL billing code. This uncertainty led to a number of payment disputes. As a result, some private health insurers withheld reimbursement, leaving private hospital to absorb additional component costs.

Action taken by the department

All billing codes in product group *13.10.01 – Interbody, Integral Fixation* have been updated to include all components necessary for fixation (product names and/or descriptions now include wording such as ‘with screws’). Separate claiming of components is no longer required.

The department has provided a [list that outlines the date when the listing was updated](#) for each billing code. From this date, all claims for the billing code include the spinal fusion cage and all additional components. Private hospitals and private health insurers can use the [list](#) to determine whether or not the outstanding or disputed claim met the Prescribed List requirements at the time the device was provided as part of hospital treatment. Specifically,

- if the claim was made for the spinal fusion cage and the fixation components separately **before** the date, the private health insurer is obliged to honour the claim for separate billing codes.
- if the claim was made **on or after** the date, the private health insurer is obliged to pay the single billing code for the provision of the spinal fusion cage, which includes any fixation components.

Direct compliance action will be taken against private health insurers that refuse reimbursement claims for additional fixation components when the spinal fusion cage was provided before the amendment’s effective date.

All new billing codes for integral fixation spinal fusion cage devices included in product group *13.10.01 – Interbody, Integral Fixation* include all components in a single billing code.

What you need to do

- Refer to the [list](#) to verify the date from which the billing code description was updated to confirm it includes all the necessary components.
- Private health insurers must honour claims/reimbursements for separate billing codes for additional components where the spinal fusion cage device was provided **before** the date.