Vertebroplasty

2018 CODING AND REIMBURSEMENT GUIDE

Coverage, coding and payment for medical procedures and devices can be confusing. This guide was developed to assist with Medicare reporting and reimbursement when using Cook vertebroplasty needles. If you have any questions, please contact our reimbursement team at 800.468.1379 or by e-mail at Reimbursement@cookmedical.com.

Coverage

Medicare carriers may issue local coverage decisions (LCDs) listing criteria that must be met prior to coverage. Physicians are urged to review these policies (http://www.cms.hhs.gov/mcd/search.asp?) and encouraged to contact their local carrier medical directors (http://www.cms.hhs.gov/apps/contacts) or commercial insurers to determine if a procedure is covered.

Coding

Vertebroplasty procedures are typically reported using the following CPT® code(s):

Procedure Codes

Code	Description
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
+22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure) Do not report 22510-22512 in conjunction with 20225, 22310, 22315, 22325, 22327 when performed at the same level as 22510-22512)

Disclaimer: The information provided herein reflects Cook's understanding of the procedure(s) and/or device(s) from sources that may include, but are not limited to, the CPT coding system; Medicare payment systems; commercially available coding guides; professional societies; and research conducted by independent coding and reimbursement consultants. This information should not be construed as authoritative. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services and items in the medical record. Cook does not, and should not, have access to medical records, and therefore cannot recommend codes for specific cases. When you are making coding decisions, we encourage you to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which you submit claims. Cook does not promote the off-label use of its devices.

Payment

2018 Medicare Reimbursement for Percutaneous Vertebroplasty Procedures

CPT® Code	Procedure Description	*Ambulatory Surgery Center*	*Outpatient Hospital*		*Physician Services*	
		Facility Fee (National Medicare Avg[1])	APC	Facility Fee (National Medicare Avg[2])	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg[3])	Fee When Procedure Is Performed in Office (National Medicare Avg[3])
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	$1,280.10	5113	$2,645.04	$453.23	$1,727.62
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	$1,280.10	5113	$2,645.04	$423.72	$1,705.66
+22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cerviothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)	Additional vertebral body injections are included in the payment allowance for the vertebroplasty			$216.72	$978.47

NOTE: Do not report 22510, 22511,or 22512 in conjunction with 20225, 22310, 22315, 22325, 22327, when performed at the same level as 22510, 22511, or 22512.

[1] 2018 Medicare Ambulatory Surgery Center Fee Schedule
[2] 2018 Medicare Hospital Outpatient Prospective Payment System Fee Schedule
[3] 2018 Medicare Physician Fee Schedule

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2018 physician fees for your local area can be found at the following CMS links:

https://www.cms.gov/apps/physician-fee-schedule/overview.aspx

or

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html

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