# Percutaneous Vertebroplasty

## Procedure Coding and Medicare Payment

<table>
<thead>
<tr>
<th>CPT code¹</th>
<th>Description</th>
<th>Physician²</th>
<th>Relative Value Units (RVUs)</th>
<th>ICD-10 Diagnosis Codes⁶</th>
<th>Hospital outpatient³</th>
<th>Ambulatory surgery center³</th>
</tr>
</thead>
<tbody>
<tr>
<td>22510</td>
<td><strong>Cervicothoracic Vertebroplasty</strong>&lt;sup&gt;1&lt;/sup&gt; &lt;br&gt; Percutaneous vertebroplasty (bone biopsy included when performed), vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic</td>
<td>$1,727.16  $453.11  47.99  12.59</td>
<td>C41.2 Malignant neoplasm of vertebral column &lt;br&gt; C79.51, C75.52 Secondary malignant neoplasm of bone and bone marrow; code range &lt;br&gt; C90.00, C90.02 Multiple myeloma; code range</td>
<td>5113</td>
<td>$2,645.04  $1,280.10</td>
<td></td>
</tr>
<tr>
<td>22512</td>
<td>Each additional cervicothoracic or lumbosacral vertebral body (list separately in addition to code for primary procedure)</td>
<td>$978.21  $216.66  27.18  6.02</td>
<td>D18.09 Hemangioma of other sites &lt;br&gt; D47.29 Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related issues</td>
<td>N/A</td>
<td>Packaged into primary procedure⁵</td>
<td></td>
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<tr>
<td>22511</td>
<td><strong>Lumbosacral Vertebroplasty</strong>&lt;sup&gt;1&lt;/sup&gt; &lt;br&gt; Percutaneous vertebroplasty (bone biopsy included when performed), vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral</td>
<td>$1,705.21  $423.60  47.38  11.77</td>
<td>M48.50, M48.58 Collapsed vertebra, not elsewhere classified; code range &lt;br&gt; M80.08 Age related osteoporosis with current pathological fracture, vertebral(e)</td>
<td>5113</td>
<td>$2,645.04  $1,280.10</td>
<td></td>
</tr>
<tr>
<td>22512</td>
<td>Each additional cervicothoracic or lumbosacral vertebral body (list separately in addition to code for primary procedure)</td>
<td>$978.21  $216.66  27.18  6.02</td>
<td>M84.48 Pathological fracture, other site &lt;br&gt; M84.58 Pathological fracture in neoplastic disease, vertebrae &lt;br&gt; M84.68 Pathological fracture in other disease, other site</td>
<td>N/A</td>
<td>Packaged into primary procedure⁵</td>
<td></td>
</tr>
</tbody>
</table>

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**Reimbursement Solutions**<br>Questions? 855 899 9901<br>(Monday - Friday, 7am - 5pm MT)
VertaPlex HV Radiopaque Bone Cement is indicated for the fixation of pathological fractures of the vertebral body using vertebroplasty or kyphoplasty. It is also indicated for the fixation of pathological fractures of the sacral vertebral body or ala using sacral vertebroplasty or sacroplasty. Painful vertebral compression fractures may result from osteoporosis, benign lesions (hemangioma), and malignant lesions (metastatic cancers, myeloma).

### Notes

- "N/A" indicates that this concept does not apply, or that Medicare has not developed fee schedules in those settings of care.
- AMA Guidance: The Percutaneous Vertebroplasty and Vertebral Augmentation section in the CPT 2015 includes new guidelines to clarify the appropriate reporting of these procedures. From a CPT coding perspective and for the purposes of reporting, codes 22510, 22511, and 22512 describe vertebroplasty, which is defined as the process of injecting a material (cement) into the vertebral body using image guidance to reinforce the structure of the vertebral body. Codes 22513, 22514, and 22515 describe vertebro augmentation (eg, kyphoplasty), which is the process of mechanical cavity creation within the vertebral body followed by the injection of the material (cement) under image guidance. Based on the two definitions, the distinction between the two procedures is whether a cavity is created in the vertebral body. Sacral augmentation (sacroplasty), which is reported with Category III codes 0200T and 0201T, Creating a cavity (ie, kyphoplasty) would then be reported with code 0200T, Percutaneous sacral augmentation (sacroplasty), unilateral injections, including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed, or code 0201T, Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed, depending on whether unilateral or bilateral cavity creation and cement injection was performed.
- CPT codes 22510 and 22511 are by definition single level procedure codes. Procedures performed on more than one level should be reported with the appropriate number of units using CPT code 22512. The percutaneous vertebroplasty codes are not bilateral eligible.

The information provided is general reimbursement information only; it is not legal advice, nor is it advice about how to code, complete or submit any particular claim for payment. Although we supply this information to the best of our current knowledge, it is always the provider’s responsibility to determine and submit appropriate codes, charges, modifiers and bills for services that were rendered. This information is provided as of December 2017 and all coding and reimbursement information is subject to change without notice.

Reimbursement has three components, coding, coverage and payment. All three must be aligned for providers to receive reimbursement for the services they furnish.

Payment rates are calculated and represent the national unadjusted payments rates. Payment to individual providers will vary based on a number of variables, including geographic location.

It is important to note that coverage will vary based upon individual patient medical necessity and specific payor coverage policies. Stryker cannot guarantee coverage or payment for products or procedures. Please contact your Medicare Administrative Contractor or Private Payor for billing, payment and coverage information.

### Indications for use

VertaPlex HV Radiopaque Bone Cement is indicated for the fixation of pathological fractures of the vertebral body using vertebroplasty or kyphoplasty. It is also indicated for the fixation of pathological fractures of the sacral vertebral body or ala using sacral vertebroplasty or sacroplasty. Painful vertebral compression fractures may result from osteoporosis, benign lesions (hemangioma), and malignant lesions (metastatic cancers, myeloma).