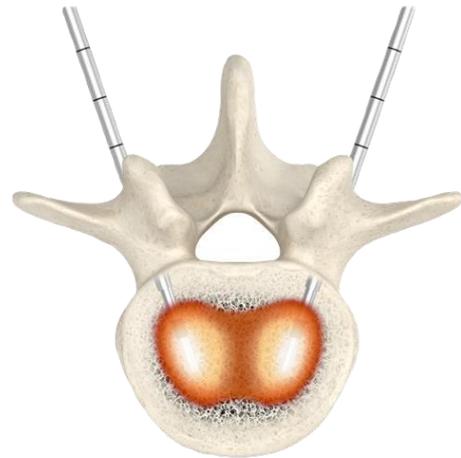


2026 reimbursement guide

**OptaBlate**<sup>®</sup>  
**radiofrequency (RF)  
 generator system**

Bone tumor ablation



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## Payment

### Physician<sup>1</sup>

CPT <sup>®</sup> codes <sup>2</sup>	Description	Payment in office	Payment in facility	Relative value units (RVUs)		
				Work RVUs	Non-facility RVUs	Facility RVUs
<b>Ablation</b>						
20982	Ablation therapy for reduction or eradication of one or more bone tumors (e.g., metastasis), including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency	\$3,485	\$322	6.84	104.34	9.63
<b>Cementoplasty</b>						
23929	Unlisted procedure, shoulder					
24999	Unlisted procedure, humerus or elbow	CP	CP	N/A	N/A	N/A
27299	Unlisted procedure, pelvis or hip joint					
27599	Unlisted procedure, femur or knee					
27899	Unlisted procedure, leg or ankle					
<b>Biopsy of bone</b>						
20220	Biopsy, bone, trocar, or needle, superficial (e.g., ilium, sternum, spinous process, ribs)	\$223	\$76	1.61	6.68	2.29
20225	Biopsy, bone, trocar, or needle, deep (e.g., vertebral body, femur)	\$365	\$113	2.39	10.93	3.39
20240	Biopsy, bone, open, superficial (e.g., sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)	N/A	\$127	2.54	N/A	3.79
20245	Biopsy, bone, open; deep (e.g., humeral shaft, ischium, femoral shaft)	N/A	\$303	5.85	N/A	9.08

CP: Carrier-priced.

## Payment

### Physician<sup>1</sup>

CPT codes <sup>2</sup>	Description	Payment in office	Payment in facility	Relative value units (RVUs)		
				Work RVUs	Non-facility RVUs	Facility RVUs
<b>Vertebroplasty</b>						
22511	<b>Lumbosacral;</b> Percutaneous vertebroplasty (bone biopsy included when performed), one vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	\$1,775	\$361	7.33	51.83	12.17
22512	<b>Each additional vertebral body;</b> Each additional cervicothoracic* or lumbosacral vertebral body (list separately in addition to code for primary procedure 22510 + 22512 or 22511 + 22512)	\$740	\$181	4.00	21.08	6.16
<b>Vertebral augmentation</b>						
22513	<b>Thoracic;</b> Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), one vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	\$5,805	\$453	8.65	160.96	15.25
22514	<b>Lumbar;</b> Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), one vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	\$5,810	\$424	7.99	160.21	14.25
22515	<b>Each additional;</b> Each additional thoracic or lumbar vertebral body (list separately in addition to code for primary procedure 22513 + 22515) Note: 22514+22515 no longer qualifies for a complexity adjustment and is reimbursed out of APC 5114	\$2,980	\$189	4.00	82.13	6.48
<b>Percutaneous sacral augmentation (sacroplasty)</b>						
0200T	<b>One or more needles;</b> Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, one or more needles, includes imaging guidance and bone biopsy, when performed	N/A	N/A	N/A	N/A	N/A
0201T	<b>Two or more needles;</b> Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, two or more needles, includes imaging guidance and bone biopsy, when performed					

\*Note: OptaBlate is contraindicated in the cervical vertebrae.

### Multiple procedure reimbursement

[Vertebral bone tumor ablation and multiple procedure reimbursement guide available](#)

## Payment

### Ambulatory surgery center (ASC)<sup>3</sup>

CPT codes <sup>2</sup>	Description	Payment indicator	Multiple procedure discounting	ASC payment
<b>Ablation</b>				
<b>20982</b>	Ablation therapy for reduction or eradication of one or more bone tumors (e.g., metastasis), including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency	G2	Y	\$9,256
<b>Biopsy of bone</b>				
<b>20220</b>	Biopsy, bone, trocar, or needle, superficial (e.g., ilium, sternum, spinous process, ribs)	A2	Y	\$742
<b>20225</b>	Biopsy, bone, trocar, or needle, deep (e.g., vertebral body, femur)	A2	Y	\$742
<b>20240</b>	Biopsy, bone, open, superficial (e.g., sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)	A2	Y	\$1,248
<b>20245</b>	Biopsy, bone, open; deep (e.g., humeral shaft, ischium, femoral shaft)	A2	Y	\$1,248
<b>Vertebroplasty</b>				
<b>22511</b>	<b>Lumbosacral</b> Percutaneous vertebroplasty (bone biopsy included when performed), one vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	G2	Y	\$1,645
<b>22512</b>	<b>Each additional vertebral body</b> Each additional cervicothoracic* or lumbosacral vertebral body (list separately in addition to code for primary procedure 22510 + 22512 or 22511 + 22512)	N1	N/A	N/A
<b>C7504</b>	<b>Procedural code pair representing codes listed</b> Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance (Code pair 22510 + 22512)	G2	Y	\$3,696
<b>C7505</b>	<b>Procedural code pair representing codes listed</b> Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance (Code pair 22511 + 22512)	G2	Y	\$3,696

**G2:** Non-office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight.

**A2:** Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight.

**N1:** Packaged service/item; no separate payment made.

**\*Note:** OptaBlate is contraindicated in the cervical vertebrae.

## Payment

### Ambulatory surgery center (ASC)<sup>3</sup>

CPT codes <sup>2</sup>	Description	Payment indicator	Multiple procedure discounting	ASC payment
<b>Vertebral augmentation</b>				
<b>22513</b>	<b>Thoracic</b> Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), one vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	G2	Y	\$3,696
<b>22514</b>	<b>Lumbar</b> Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), one vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	G2	Y	\$3,696
<b>22515</b>	<b>Each additional</b> Each additional thoracic or lumbar vertebral body (list separately in addition to code for primary procedure 22513 + 22515)	N1	N/A	N/A
<b>0200T</b>	<b>One or more needles</b> Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, one or more needles, includes imaging guidance and bone biopsy, when performed	J8	Y	\$4,720
<b>0201T</b>	<b>Two or more needles</b> Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, two or more needles, includes imaging guidance and bone biopsy, when performed	G2	Y	\$3,696
<b>C7507</b>	<b>Procedural code pair representing codes listed</b> Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance (Code pair 22513 + 22515)	G2	Y	\$6,804
<b>C7508</b>	<b>Procedural code pair representing codes listed</b> Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance (Code pair 22514 + 22515)	G2	Y	\$6,804

**G2:** Non-office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight.

**N1:** Packaged service/item; no separate payment made.

**J8:** Device-intensive procedure; paid at adjusted rate.

#### Multiple procedure reimbursement

[Vertebral bone tumor ablation and multiple procedure reimbursement guide available](#)

## Payment

### Hospital outpatient<sup>3</sup>

CPT codes <sup>2</sup>	Description	Status indicator	Ambulatory payment classification (APC)	APC payment <sup>5</sup>
<b>Ablation</b>				
20982	Ablation therapy for reduction or eradication of one or more bone tumors (e.g., metastasis), including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency	J1	5116	\$17,914
<b>Biopsy of bone</b>				
20220	Biopsy, bone, trocar, or needle, superficial (e.g., ilium, sternum, spinous process, ribs)	J1	5072	\$1,687
20225	Biopsy, bone, trocar, or needle, deep (e.g., vertebral body, femur)	J1	5072	\$1,687
20240	Biopsy, bone, open, superficial (e.g., sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)	J1	5073	\$2,968
20245	Biopsy, bone, open; deep (e.g., humeral shaft, ischium, femoral shaft)	J1	5073	\$2,968
<b>Vertebroplasty</b>				
22511	<b>Lumbosacral</b> Percutaneous vertebroplasty (bone biopsy included when performed), one vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	J1	5113	\$3,343
22512	<b>Each additional vertebral body</b> Each additional cervicothoracic* or lumbosacral vertebral body (list separately in addition to code for primary procedure 22510 + 22512 or 22511+ 22512)	N	5114	\$7,413

**Note:** When CPT code 22512 is reported in the hospital outpatient department with the primary procedure code 22510 or 22511, the complexity adjustment results in an adjusted APC assignment.

**\*Note:** OptaBlate is contraindicated in the cervical vertebrae.

## Payment

### Hospital outpatient<sup>3</sup>

CPT codes <sup>2</sup>	Description	Status indicator	Ambulatory payment classification (APC)	APC payment
<b>Vertebral augmentation</b>				
<b>22513</b>	<b>Thoracic</b> Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), one vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	J1	5114	\$7,413
<b>22514</b>	<b>Lumbar</b> Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), one vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	J1	5114	\$7,413
<b>22515</b>	<b>Each additional</b> Each additional thoracic or lumbar vertebral body (list separately in addition to code for primary procedure 22513 + 22515)	N	5115	\$13,117
<b>0200T</b>	<b>One or more needles</b> Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, one or more needles, includes imaging guidance and bone biopsy, when performed	J1	5114	\$7,413
<b>0201T</b>	<b>Two or more needles</b> Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, two or more needles, includes imaging guidance and bone biopsy, when performed	J1	5114	\$7,413

**Note:** When CPT code 22515 is reported in the hospital outpatient department with the primary procedure code 22513 or 22514, the complexity adjustment results in an adjusted APC assignment.

#### Multiple procedure reimbursement

[Vertebral bone tumor ablation and multiple procedure reimbursement guide available](#)

#### HCPCS II device codes<sup>4</sup>

**C1886**

Catheter, extravascular tissue ablation, any modality (insertable)

**Cement C1713**

Anchor/screw for opposing bone-to-bone (implantable)

**Balloons C1889**

Implantable/insertable device, not otherwise classified device

## ICD-10-PCS procedure codes<sup>5</sup>

### Hospital inpatient

#### Ablation

Thorax	
<b>0P503ZZ</b>	Destruction of sternum, percutaneous approach
<b>0P513ZZ</b>	Destruction of 1 to 2 ribs, percutaneous approach
<b>0P523ZZ</b>	Destruction of 3 or more ribs, percutaneous approach
<b>0P593ZZ</b>	Destruction of right clavicle, percutaneous approach
<b>0P5B3ZZ</b>	Destruction of left clavicle, percutaneous approach
Vertebrae and spine	
<b>0P543ZZ</b>	Destruction of thoracic vertebra, percutaneous approach
<b>0Q503ZZ</b>	Destruction of lumbar vertebra, percutaneous approach
Shoulder and upper arm	
<b>0P553ZZ</b>	Destruction of right scapula, percutaneous approach
<b>0P563ZZ</b>	Destruction of left scapula, percutaneous approach
<b>0P5C3ZZ</b>	Destruction of right humeral head, percutaneous approach
<b>0P5D3ZZ</b>	Destruction of left humeral head, percutaneous approach
<b>0P5F3ZZ</b>	Destruction of right humeral shaft, percutaneous approach
<b>0P5G3ZZ</b>	Destruction of left humeral shaft, percutaneous approach
Pelvis, upper leg and lower leg	
<b>0Q513ZZ</b>	Destruction of sacrum, percutaneous approach
<b>0Q5S3ZZ</b>	Destruction of coccyx, percutaneous approach
<b>0Q523ZZ</b>	Destruction of right pelvic bone, percutaneous approach
<b>0Q533ZZ</b>	Destruction of left pelvic bone, percutaneous approach
<b>0Q543ZZ</b>	Destruction of right acetabulum, percutaneous approach
<b>0Q553ZZ</b>	Destruction of left acetabulum, percutaneous approach
<b>0Q563ZZ</b>	Destruction of right upper femur, percutaneous approach
<b>0Q573ZZ</b>	Destruction of left upper femur, percutaneous approach
<b>0Q583ZZ</b>	Destruction of right femoral shaft, percutaneous approach
<b>0Q593ZZ</b>	Destruction of left femoral shaft, percutaneous approach
<b>0Q5B3ZZ</b>	Destruction of right lower femur, percutaneous approach
<b>0Q5C3ZZ</b>	Destruction of left lower femur, percutaneous approach
<b>0Q5G3ZZ</b>	Destruction of right tibia, percutaneous approach
<b>0Q5H3ZZ</b>	Destruction of left tibia, percutaneous approach
<b>0Q5J3ZZ</b>	Destruction of right fibula, percutaneous approach
<b>0Q5K3ZZ</b>	Destruction of left fibula, percutaneous approach

#### Cementoplasty

Thorax	
<b>0PU03JZ</b>	Supplement sternum with synthetic substitute, percutaneous approach
<b>0PU13JZ</b>	Supplement 1 to 2 ribs with synthetic substitute, percutaneous approach
<b>0PU23JZ</b>	Supplement 3 or more ribs with synthetic substitute, percutaneous approach
<b>0PU93JZ</b>	Supplement right clavicle with synthetic substitute, percutaneous approach
<b>0PUB3JZ</b>	Supplement left clavicle with synthetic substitute, percutaneous approach
Vertebrae and spine	
<b>0PU43JZ</b>	Supplement of thoracic vertebra with synthetic substitute, percutaneous approach
<b>0QU03JZ</b>	Supplement of lumbar vertebra with synthetic substitute, percutaneous approach
Shoulder and upper arm	
<b>0PU53JZ</b>	Supplement of right scapula with synthetic substitute, percutaneous approach
<b>0PU63JZ</b>	Supplement of left scapula with synthetic substitute, percutaneous approach
<b>0PUC3JZ</b>	Supplement of right humeral head with synthetic substitute, percutaneous approach
<b>0PUD3JZ</b>	Supplement of left humeral head with synthetic substitute, percutaneous approach
<b>0PUF3JZ</b>	Supplement of right humeral shaft with synthetic substitute, percutaneous approach
<b>0PUG3JZ</b>	Supplement of left humeral shaft with synthetic substitute, percutaneous approach
Pelvis, upper leg and lower leg	
<b>0QU13JZ</b>	Supplement of sacrum with synthetic substitute, percutaneous approach
<b>0QUS3JZ</b>	Supplement of coccyx with synthetic substitute, percutaneous approach
<b>0QU23JZ</b>	Supplement of right pelvic bone with synthetic substitute, percutaneous approach
<b>0QU33JZ</b>	Supplement of left pelvic bone with synthetic substitute, percutaneous approach
<b>0QU43JZ</b>	Supplement of right acetabulum with synthetic substitute, percutaneous approach
<b>0QU53JZ</b>	Supplement of left acetabulum with synthetic substitute, percutaneous approach
<b>0QU63JZ</b>	Supplement of right upper femur with synthetic substitute, percutaneous approach
<b>0QU73JZ</b>	Supplement of left upper femur with synthetic substitute, percutaneous approach
<b>0QU83JZ</b>	Supplement of right femoral shaft with synthetic substitute, percutaneous approach
<b>0QU93JZ</b>	Supplement of left femoral shaft with synthetic substitute, percutaneous approach
<b>0QUB3JZ</b>	Supplement of right lower femur with synthetic substitute, percutaneous approach
<b>0QUC3JZ</b>	Supplement of left lower femur with synthetic substitute, percutaneous approach
<b>0QUG3JZ</b>	Supplement of right tibia with synthetic substitute, percutaneous approach
<b>0QUH3JZ</b>	Supplement of left tibia with synthetic substitute, percutaneous approach
<b>0QUJ3JZ</b>	Supplement of right fibula with synthetic substitute, percutaneous approach
<b>0QUK3JZ</b>	Supplement of left fibula with synthetic substitute, percutaneous approach

## ICD-10-PCS procedure codes<sup>5</sup>

### Biopsy of bone

Thorax	
<b>0PB03ZX</b>	Excision of sternum, percutaneous approach, diagnostic
<b>0PB13ZX</b>	Excision of 1 to 2 ribs, percutaneous approach, diagnostic
<b>0PB23ZX</b>	Excision of 3 or more ribs, percutaneous approach, diagnostic
<b>0PB93ZX</b>	Excision of right clavicle, percutaneous approach, diagnostic
<b>0PBB3ZX</b>	Excision of left clavicle, percutaneous approach, diagnostic
Vertebrae and spine	
<b>0PB43ZX</b>	Excision of thoracic vertebra, percutaneous approach, diagnostic
<b>0PB03ZX</b>	Excision of lumbar vertebra, percutaneous approach, diagnostic
Shoulder and upper arm	
<b>0PB53ZX</b>	Excision of right scapula, percutaneous approach, diagnostic
<b>0PB63ZX</b>	Excision of left scapula, percutaneous approach, diagnostic
<b>0PBC3ZX</b>	Excision of right humeral head, percutaneous approach, diagnostic
<b>0PBD3ZX</b>	Excision of left humeral head, percutaneous approach, diagnostic
<b>0PBF3ZX</b>	Excision of right humeral shaft, percutaneous approach, diagnostic
<b>0PBG3ZX</b>	Excision of left humeral shaft, percutaneous approach, diagnostic
Pelvis, upper leg and lower leg	
<b>0OB13ZX</b>	Excision of sacrum, percutaneous approach, diagnostic
<b>0OBS3ZX</b>	Excision of coccyx, percutaneous approach, diagnostic
<b>0OB23ZX</b>	Excision of right pelvic bone, percutaneous approach, diagnostic
<b>0OB33ZX</b>	Excision of left pelvic bone, percutaneous approach, diagnostic
<b>0OB43ZX</b>	Excision of right acetabulum, percutaneous approach, diagnostic
<b>0OB53ZX</b>	Excision of left acetabulum, percutaneous approach, diagnostic
<b>0OB63ZX</b>	Excision of right upper femur, percutaneous approach, diagnostic
<b>0OB73ZX</b>	Excision of left upper femur, percutaneous approach, diagnostic
<b>0OB83ZX</b>	Excision of right femoral shaft, percutaneous approach, diagnostic
<b>0OB93ZX</b>	Excision of left femoral shaft, percutaneous approach, diagnostic
<b>0OBB3ZX</b>	Excision of right lower femur, percutaneous approach, diagnostic
<b>0OBC3ZX</b>	Excision of left lower femur, percutaneous approach, diagnostic
<b>0OBG3ZX</b>	Excision of right tibia, percutaneous approach, diagnostic
<b>0OBH3ZX</b>	Excision of left tibia, percutaneous approach, diagnostic
<b>0OBJ3ZX</b>	Excision of right fibula, percutaneous approach, diagnostic
<b>0OBK3ZX</b>	Excision of left fibula, percutaneous approach, diagnostic

### Vertebroplasty

<b>0PU43JZ</b>	Supplement thoracic vertebra with synthetic substitute, percutaneous approach
<b>0QU03JZ</b>	Supplement lumbar vertebra with synthetic substitute, percutaneous approach
<b>0QU13JZ</b>	Supplement sacrum with synthetic substitute, percutaneous approach

### Vertebral augmentation

<b>0PS43ZZ</b>	Reposition thoracic vertebra, percutaneous approach
<b>plus 0PU43JZ</b>	Supplement thoracic vertebra with synthetic substitute, percutaneous approach
<b>0QS03ZZ</b>	Reposition lumbar vertebra, percutaneous approach
<b>plus 0QU03JZ</b>	Supplement lumbar vertebra with synthetic substitute, percutaneous approach
<b>0QS13ZZ</b>	Reposition sacrum, percutaneous approach sacrum, percutaneous
<b>plus 0QU13JZ</b>	Supplement sacrum with synthetic substitute, percutaneous approach

## MS-DRGs inpatient reimbursement<sup>6</sup>

### Ablation

Code	Description	Medicare national payment
<b>Ablation of bone neoplasm: thorax (metastases only), vertebrae and spine, shoulder and upper arm, pelvis and lower leg</b>		
495	Local excision and removal of internal fixation devices except hip and femur W MCC*	\$26,383
496	Local excision and removal of internal fixation devices except hip and femur W CC**	\$13,127
497	Local excision and removal of internal fixation devices except hip and femur WO CC/MCC***	\$8,793
<b>Ablation of bone neoplasm: upper leg (femur)</b>		
498	Local excision and removal of internal fixation devices of hip and femur W CC/MCC	\$21,953
499	Local excision and removal of internal fixation devices of hip and femur WO CC/MCC	\$14,661
<b>Ablation of bone neoplasm: thorax (benign only)</b>		
166	Other respiratory system OR procedures W MCC	\$27,198
167	Other respiratory system OR procedures W CC	\$13,123
168	Other respiratory system OR procedures WO CC/MCC	\$9,943

### Ablation with biopsy of bone

Code	Description	Medicare national payment
<b>Ablation and biopsy of bone neoplasm: thorax (metastases only), vertebrae and spine, shoulder and upper arm, pelvis, upper leg and lower leg</b>		
477	Biopsies of musculoskeletal system and connection tissue W MCC	\$25,138
478	Biopsies of musculoskeletal system and connection tissue W CC	\$17,895
479	Biopsies of musculoskeletal system and connection tissue WO CC/MCC	\$13,527
<b>Ablation and biopsy of bone neoplasm: thorax (benign only)</b>		
166	Other respiratory system OR procedures W MCC	\$27,198
167	Other respiratory system OR procedures W CC	\$13,123
168	Other respiratory system OR procedures WO CC/MCC	\$9,943

\* Major complication or comorbidity

\*\* Complication or comorbidity

\*\*\* Complication or comorbidity/major complication or comorbidity

MS-DRGs inpatient reimbursement<sup>6</sup>

## Ablation and cementoplasty

Code	Description	Medicare national payment
<b>Ablation and cementoplasty of bone neoplasm: thorax (metastases only), vertebrae and spine, shoulder (scapula), pelvis</b>		
495	Local excision and removal of internal fixation devices except hip and femur W MCC*	\$25,383
496	Local excision and removal of internal fixation devices except hip and femur W CC**	\$13,127
497	Local excision and removal of internal fixation devices except hip and femur WO CC/MCC***	\$8,793
<b>Ablation and cementoplasty of bone neoplasm: upper arm (humerus), lower leg</b>		
492	Lower extremity and humerus procedures except hip, foot and femur W MCC	\$26,717
493	Lower extremity and humerus procedures except hip, foot and femur W CC	\$18,455
494	Lower extremity and humerus procedures except hip, foot and femur WO CC/MCC	\$14,601
<b>Ablation and cementoplasty of bone neoplasm: upper leg (femur)</b>		
480	Hip and femur procedures except major joint W MCC	\$21,192
481	Hip and femur procedures except major joint W CC	\$15,241
482	Hip and femur procedures except major joint WO CC/MCC	\$11,868
<b>Ablation and cementoplasty of bone neoplasm: thorax (benign only)</b>		
166	Other respiratory system OR procedures W MCC	\$27,198
167	Other respiratory system OR procedures W CC	\$13,123
168	Other respiratory system OR procedures WO CC/MCC	\$9,943

## MS-DRGs inpatient reimbursement<sup>6</sup>

### Ablation with vertebral augmentation (no biopsy)

Code	Description	Medicare national payment
<b>Ablation of bone neoplasm: thorax (metastases only), vertebrae and spine, shoulder and upper arm, pelvis and lower leg</b>		
495	Local excision and removal of internal fixation devices except hip and femur W MCC*	\$26,383
496	Local excision and removal of internal fixation devices except hip and femur W CC**	\$13,127
497	Local excision and removal of internal fixation devices except hip and femur WO CC/MCC***	\$8,793

### Ablation with vertebral augmentation (with biopsy)

Code	Description	Medicare national payment
<b>Ablation and biopsy of bone neoplasm: thorax (metastases only), vertebrae and spine, shoulder and upper arm, pelvis, upper leg and lower leg</b>		
477	Biopsies of musculoskeletal system and connection tissue W MCC	\$25,138
478	Biopsies of musculoskeletal system and connection tissue W CC	\$17,895
479	Biopsies of musculoskeletal system and connection tissue WO CC/MCC	\$13,527

## Resources and references

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### 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-notice/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 OPPI/ASC Final Rule, Addendum AA, B and J (published November 21, 2025). <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1834-fc>.
4. Healthcare Common Procedure Coding System (HCPCS) Level II codes are maintained by the Centers for Medicare and Medicaid Services.
5. ICD-10-PCS and ICD-10-CM [https://www.cms.gov/icd10m/version37-fullcode-cms/fullcode\\_cms/P0001.html](https://www.cms.gov/icd10m/version37-fullcode-cms/fullcode_cms/P0001.html).
6. FY 2026 IPPS Final Rule (available on CMS.gov).

### Notes

- “N/A” indicates that this concept does not apply or that Medicare has not developed fee schedules in those settings of care.

### Questions? Contact IVS reimbursement support

954 302 4591 | [IVS-reimbursement@stryker.com](mailto:IVS-reimbursement@stryker.com)

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## Interventional Spine

**Bone cement:** Serious adverse events, some with fatal outcome, associated with the use of bone cements for vertebroplasty, kyphoplasty and sacroplasty include myocardial infarction, cardiac arrest, cerebrovascular accident, pulmonary embolism and cardiac embolism. Although it is rare, some adverse events have been known to occur beyond a year or more post-operatively. Additional risks exist with the use of bone cement. Please see the IFU for a complete list of potential risks.

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Stryker does not assume any responsibility for coding decisions, nor does it recommend codes for specific patients' procedures. The provider is solely responsible for reporting the codes that accurately describe the services furnished to a particular patient as well as the patient's medical condition. It is the provider's responsibility to determine and document that the services provided are medically necessary and that the site of service is appropriate. It is the healthcare provider's responsibility to report the patient diagnosis, the procedures performed and the products used, consistent with the specific payer's guidelines.

Stryker defers to specialty society guidelines, payer policies and guidelines, Medicare and the AMA regarding the submission of claims and the appropriate coding for procedures and products.

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 payment rates. Payment to individual providers will vary based on a number of variables, including geographic location.

This information in this document is accurate as of February 2026, and all coding and reimbursement information is subject to change without notice. Please contact your Medicare Administrative Contractor or Private Payer for billing, payment and coverage information.

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