

# Medicare (Palmetto) Summary

## Local Coverage Determination (LCD) for Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF)<sup>1</sup>

Effective date: 8/21/22

Percutaneous vertebroplasty and percutaneous vertebral augmentation (PVA or kyphoplasty) procedures will be considered **medically reasonable and necessary** for the following:

### Inclusion criteria (ALL are required)

- ☐ Acute (<6 weeks) or subacute (6-12 weeks) osteoporotic VCF (T1-L5) by recent (within 30 days) advanced imaging (bone marrow edema on MRI or bone-scan/SPECT/CT uptake)
  - ☐ Symptomatic (ONE):
    - ▶ Hospitalized with severe pain (Numeric Rating Scale (NRS) or Visual Analog Scale (VAS) pain score  $\geq 8$ )
    - ▶ Non-hospitalized with moderate to severe pain (NRS or VAS  $\geq 5$ ) despite optimal non-surgical management (NSM)\* (ONE):
      - Worsening pain
      - Stable to improved pain (but NRS or VAS still  $\geq 5$ ) (with  $\geq 2$  of the following):
        - ✓ Progression of vertebral body height loss
        - ✓ >25% vertebral body height reduction
        - ✓ Kyphotic deformity
        - ✓ Severe impact of VCF on daily functioning (Roland Morris Disability Questionnaire [RDQ] >17)
- \*consider including pedicle periosteal infiltration
- ☐ Continuum of care (BOTH):
    - ▶ All patients presenting with VCF should be referred for evaluation of bone mineral density (BMD) and osteoporosis education for subsequent treatment as indicated.
    - ▶ All patients with VCF should be instructed to take part in an osteoporosis prevention/treatment program.

Vertebral augmentation and kyphoplasty for vertebral compression fractures with intractable spinal pain not relieved with medical therapy will be covered for osteolytic vertebral metastatic disease or myeloma involving a vertebral body

### Exclusion criteria (can have NONE of the following)

#### Absolute contraindication

- ☒ Current back pain is not primarily due to the identified acute or subacute VCF(s)
- ☒ Osteomyelitis, discitis or active systemic or surgical site infection
- ☒ Pregnancy

#### Relative contraindication

- ☒ Allergy to bone cement or opacification agents
- ☒ Uncorrected coagulopathy
- ☒ Spinal instability
- ☒ Myelopathy from the fracture
- ☒ Neurologic deficit
- ☒ Neural impingement
- ☒ Fracture retropulsion/canal compromise
- ☒ Greater than three vertebral fractures

## Billing and coding: PVA for VCF<sup>2</sup>

### CPT codes<sup>3</sup>

**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)

**22513** Percutaneous vertebral augmentation including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic

**22514** Percutaneous vertebral augmentation including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar

**22515** Percutaneous vertebral augmentation including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (list separately in addition to code for primary procedure)

### ICD-10-CM<sup>4</sup> diagnosis codes that support medical necessity

**M80.08XA** Age-related osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture

**M80.08XG** Age-related osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with delayed healing

**M80.08XK** Age-related osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with nonunion

**M80.08XP** Age-related osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with malunion

**M80.08XS** Age related osteoporosis with current pathological fracture, vertebra(e), sequela

**M80.88XA** Other osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture

**M80.88XS** Other osteoporosis with current pathological fracture, vertebra(e), sequela

**C41.2\*** Malignant neoplasm of vertebral column

**C79.51\*** Secondary malignant neoplasm of bone

**C90.00\*** Multiple myeloma now having achieved remission

**C90.02\*** Multiple myeloma in relapse

**M84.58XA** Pathological fracture in neoplastic disease, other specified site, initial encounter for fracture

**M84.58XS** Pathological fracture in neoplastic disease, other specified site, sequela

Codes with an \* must be reported with either M84.58XA or M84.58XS

## IVS Reimbursement hotline | 954 302 4591

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### Sources:

1. Palmetto Final Effective LCD (L38737). Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF). Available on CMS website. Retrieved 3/14/23.
2. Palmetto Billing and Coding Article (A58275). Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF). Available on CMS website. Retrieved 3/14/23.
3. Current Procedural Terminology 2022, American Medical Association. Chicago, IL. 2022. CPT is a registered trademark of the American Medical Association. Current Procedural Terminology (CPT®) is copyright 2022 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.
4. International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) (available on CMS website).

### Interventional Spine

A healthcare professional must always rely on his or her own professional clinical judgment when deciding the treatment for a particular patient. Stryker does not dispense medical advice and does not recommend any specific protocol or treatment regimen.

The information presented is for information and illustrative purposes. 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. Providers are responsible for their decisions relating to coding, medical necessity and reimbursement submissions. It is the provider's responsibility to determine and document that the services provided are medically necessary. This information does not represent a guarantee of coverage or payment.

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