



Procedure coding and Medicare payment

Open treatment of vertebral compression fracture with posterior instrumentation and insertion of an intervertebral biomechanical device

CPT code ¹	Description	Physician fees ²	Relative value units (RVUs) ²	Hospital outpatient ³		ICD-10 diagnosis codes ⁴ Open fracture	ICD-10 diagnosis codes ⁴ Closed fracture
		Payment in facility	Facility RVUs	Ambulatory payment classification (APC)	APC payment		
Open treatment/reduction							
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebra or dislocated segment; lumbar	\$1,470	44.46	N/A	N/A	Unstable burst fracture initial encounter for open fracture of thoracic vertebra: S22.002B unspecified thoracic vertebra S22.012B T1 vertebra S22.022B T2 vertebra S22.032B T3 vertebra S22.042B T4 vertebra S22.052B T5-T6 vertebra S22.062B T7-T8 vertebra S22.072B T9-T10 vertebra S22.082B T11-T12 vertebra	Unstable burst fracture initial encounter for closed fracture of: S22.002A unspecified thoracic vertebra S22.012A T1 vertebra S22.022A T2 vertebra S22.032A T3 vertebra S22.042A T4 vertebra S22.052A T5-T6 vertebra S22.062A T7-T8 vertebra S22.072A T9-T10 vertebra S22.082A T11-T12 vertebra
22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebra or dislocated segment; thoracic	\$1,532	46.33				
+22328	Each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure. Use in conjunction with 22325-22327)	\$279	8.43	N/A	N/A		
Instrumentation							
+22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	\$745	22.54	N/A	N/A	Unstable burst fracture initial encounter for open fracture of: S32.002B unspecified lumbar vertebra S32.012B First lumbar vertebra S32.022B Second lumbar vertebra S32.032B Third lumbar vertebra S32.042B Fourth lumbar vertebra S32.052B Fifth lumbar vertebra	Unstable burst fracture initial encounter for closed fracture of: S32.002A unspecified lumbar vertebra S32.012A First lumbar vertebra S32.022A Second lumbar vertebra S32.032A Third lumbar vertebra S32.042A Fourth lumbar vertebra S32.052A Fifth lumbar vertebra
+22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	\$751	22.71	N/A	N/A		
SpineJack system							
+22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	\$327	9.90	N/A	N/A		

MS-DRGs inpatient reimbursement⁵

Code	Description	Payment
MS-DRGs		
459	Spinal Fusion Except Cervical with MCC***	\$45,499
460	Spinal Fusion Except Cervical without MCC***	\$25,833

Code	Description	Payment
MS-DRGs		
518	Back and Neck Procedures Except Spinal Fusion with MCC ***or Disc Device or Neurostimulator	\$25,570
519	Back and Neck Procedures Except Spinal Fusion with CC**	\$13,714
520	Back and Neck Procedures Except Spinal Fusion without CC/MCC***	\$10,151

*Major complication or comorbidity | **Complication or comorbidity
***Complication or comorbidity/Major complication or comorbidity

Stryker’s SpineJack system was approved for Transitional Pass-Through (TPT) payment⁸ for the osteoporotic vertebral compression fracture indication only. These additional payments are not applicable to the traumatic compression fracture scenarios described in this guide.

ICD-10-PCS procedure codes⁶

Hospitals use ICD-10-PCS procedure codes for inpatient services. The following ICD-10-PCS X codes are appropriate to report with the Stryker SpineJack system.

O0S004Z	Reposition lumbar vertebra with internal fixation device, open approach
OPS404Z	Reposition thoracic vertebra with internal fixation device, open approach

HCPCS codes⁷

Device

C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	SpineJack system
C1713	Anchor/screw for opposing bone-to-bone or soft tissue- to-bone (implantable)	Cement

References

1. 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.
2. 2023 CMS PFS Final Rule, Addendum B (available on CMS website, published November 2, 2022). Medicare national average physician payment rates listed in this document are based on the November 2022 release of the relative value file and conversion factor of 33.0607.
3. 2023 CMS OPFS/ASC Final Rule, Addendum AA, B and J (available on CMS website, published Nov 1, 2022).
4. International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) (available on CMS website). Codes shown are examples. Please check your local LCD or with the specific payer for diagnosis codes that support medical necessity.
5. FY 2023 IPPS Final Rule Home Page (available on CMS website).
6. Centers for Medicare & Medicaid Services. International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) (available on CMS website).
7. Healthcare Common Procedure Coding System (HCPCS) Level II codes are maintained by the Centers for Medicare and Medicaid Services (available on CMS website).
8. Pub 100-04 Medicare Claims Processing Centers for Medicare & Medicaid Services (CMS) Transmittal 10541 Date: December 31, 2020 <https://www.cms.gov/files/document/r10541cp.pdf>

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.

A physician must always rely on his or her own professional clinical judgment when deciding whether to use a particular product when treating a particular patient. We do not dispense medical advice and recommend that physicians be trained in the use of any particular product before using it. The information presented is intended to demonstrate Stryker’s products. A physician must always refer to the package insert, product label and/or instructions for use, including the instructions for cleaning and sterilization (if applicable), before using any of Stryker’s products. Products may not be available in all markets because product availability is subject to the regulatory and/or medical practices in individual markets. Please contact your representative if you have questions about the availability of Stryker’s products in your area.

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 December 5, 2022, 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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Notes

- “N/A” indicates that this concept does not apply, or that Medicare has not developed fee schedules in those settings of care
- “Packaged” indicates that the payment for the procedure is packaged into the payment for the primary procedure
- HCPCS C-codes are reported to Medicare for medical devices in the outpatient setting

Indications for use

The SpineJack® Expansion Kit is indicated for use in the reduction of painful osteoporotic vertebral compression fractures, and traumatic vertebral compression fractures (Type A fractures according to the AO/Magerl classification) with or without posterior instrumental fixation. They are intended to be used in combination with Stryker Vertaplex® and Vertaplex® HV Radiopaque bone cements.

Vertaplex® Radiopaque Bone Cement is indicated for fixation of pathological fractures of the vertebral body using vertebroplasty or kyphoplasty procedures. Painful vertebral compression fractures may result from osteoporosis, benign lesions (hemangioma), and malignant lesions (metastatic cancers, myeloma). When used in conjunction with SpineJack Expansion Kit, Vertaplex® Radiopaque Bone Cement is also indicated for the fixation of osteoporotic or traumatic AO/Magerl Type A vertebral compression fractures.

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).

When used in conjunction with SpineJack Expansion Kit, Vertaplex® High Viscosity (HV) Radiopaque Bone Cement is also indicated for the fixation of osteoporotic or traumatic AO/Magerl Type A vertebral compression fractures.

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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 health care provider’s responsibility to report the patient diagnosis, the procedures performed and the products used, consistent with the specific payer’s guidelines.

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