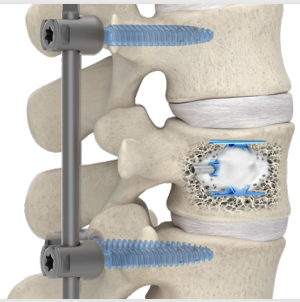
Procedure coding and Medicare payment

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



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| | | Physician fees[2] | Relative value units (RVUs)[2] | Hospital outpatient[3] | | | |
|---|---|---|---|---|---|---|---|
| CPT code[1] | Description | Payment in facility | Facility RVUs | Ambulatory payment classification (APC) | APC payment | ICD-10 diagnosis codes[4] Open fracture | ICD-10 diagnosis codes[4] Closed fracture |
| **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 | $1,468 | 45.37 | N/A | N/A | Unstable burst fracture initial encounter for open fracture of thoracic vertebra:<br>**S22.002B** unspecified thoracic vertebra<br>**S22.012B** T1 vertebra<br>**S22.022B** T2 vertebra<br>**S22.032B** T3 vertebra<br>**S22.042B** T4 vertebra<br>**S22.052B** T5-T6 vertebra<br>**S22.062B** T7-T8 vertebra<br>**S22.072B** T9-T10 vertebra<br>**S22.082B** T11-T12 vertebra<br><br>Unstable burst fracture initial encounter for open fracture of:<br>**S32.002B** unspecified lumbar vertebra<br>**S32.012B** First lumbar vertebra<br>**S32.022B** Second lumbar vertebra<br>**S32.032B** Third lumbar vertebra<br>**S32.042B** Fourth lumbar vertebra<br>**S32.052B** Fifth lumbar vertebra | Unstable burst fracture initial encounter for closed fracture of:<br>**S22.002A** unspecified thoracic vertebra<br>**S22.012A** T1 vertebra<br>**S22.022A** T2 vertebra<br>**S22.032A** T3 vertebra<br>**S22.042A** T4 vertebra<br>**S22.052A** T5-T6 vertebra<br>**S22.062A** T7-T8 vertebra<br>**S22.072A** T9-T10 vertebra<br>**S22.082A** T11-T12 vertebra<br><br>Unstable burst fracture initial encounter for closed fracture of:<br>**S32.002A** unspecified lumbar vertebra<br>**S32.012A** First lumbar vertebra<br>**S32.022A** Second lumbar vertebra<br>**S32.032A** Third lumbar vertebra<br>**S32.042A** Fourth lumbar vertebra<br>**S32.052A** Fifth lumbar vertebra |
| **22327** | Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebra or dislocated segment; thoracic | $1,524 | 47.12 | | | | |
| **+22328** | Each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure. Use in conjunction with 22325-22327) | $275 | 8.49 | 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) | $732 | 22.64 | N/A | N/A | | |
| **+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) | $741 | 22.92 | 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) | $326 | 10.07 | N/A | N/A | | |

## MS-DRGs inpatient reimbursement[5]

| Code | Description | Payment |
|---|---|---|
| **MS-DRGs** | | |
| **447** | Multiple level spinal fusion except cervical with MCC* or custom-made anatomically designed interbody fusion device | $47,848 |

| Code | Description | Payment |
|---|---|---|
| **MS-DRGs** | | |
| **448** | Multiple level spinal fusion except cervical without MCC* | $29,142 |
| **450** | Single level spinal fusion except cervical with MCC* or custom-made anatomically designed interbody fusion device | $36,754 |
| **451** | Single level spinal fusion except cervical without MCC* | $22,023 |

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

**IVS Reimbursement Hot Line** | **Questions?** Contact IVS Reimbursement Hot Line | **954-302-4591** | **IVS-reimbursement@stryker.com**

## MS-DRGs inpatient reimbursement[5]

| Code | Description | Payment |
|---|---|---|
| MS-DRGs | | |
| **518** | Back and neck procedures except spinal fusion with MCC* or disc device or neurostimulator | $25,577 |
| **519** | Back and neck procedures except spinal fusion with CC** | $14,073 |
| **520** | Back and neck procedures except spinal fusion without CC/MCC*** | $10,228 |

## ICD-10-PCS procedure codes[6]

| 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. | |
|---|---|
| **0QS004Z** | Reposition lumbar vertebra with internal fixation device, open approach |
| **0PS404Z** | Reposition thoracic vertebra with internal fixation device, open approach |

## HCPCS codes[7]

| | | 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 2024, American Medical Association. Chicago, IL 2024. CPT is a registered trademark of the American Medical Association. Current Procedural Terminology (CPT®) is copyright 2024 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.
2. 2025 CMS PFS Final Rule, Addendum B (published November 1, 2024). Medicare national average physician payment rates listed in this document are based on the November 2024 release of the relative value file and conversion factor of 32.3465. https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f.
3. 2025 CMS OPPS/ASC Final Rule, Addendum AA, B and J (published November 1, 2024). https://www.cms.gov/medicare/regulations-guidance/fee-for-service-payment-regulations.
4. International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) (available on CMS.gov). Codes shown are examples. Please check your local LCD or with the specific payer for diagnosis codes that support medical necessity.
5. FY 2025 IPPS Final Rule (available on CMS.gov).
6. Centers for Medicare & Medicaid Services. International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) (available on CMS.gov).
7. Healthcare Common Procedure Coding System (HCPCS) Level II codes are maintained by the Centers for Medicare and Medicaid Services (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
- "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, and compression fractures that result from malignant lesions (myeloma or osteolytic metastasis). It is intended to be used in combination with Stryker Vertaplex® and Vertaplex® HV bone cement.

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.



## 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.

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 November 12, 2024, 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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