

Percutaneous vertebroplasty



CPT code ¹	Description	Physician fees ²		Relative value units (RVUs) ²		Hospital outpatient ³		Ambulatory surgery center (ASC) ³	ICD-10 diagnosis codes ⁵	
		Payment in office	Payment in facility	Non facility RVUs	Facility RVUs	Device codes ⁴	Ambulatory payment classification (APC)	APC payment		ASC payment
Percutaneous vertebroplasty										
22510	Cervicothoracic Percutaneous vertebroplasty (bone biopsy included when performed), one vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	\$1,749	\$420	53.41	12.83		5113	\$3,087	\$1,519	M80.08 Age-related osteoporosis with current pathological fracture, vertebra(e): M80.08XA- initial encounter for fracture; M80.08XS- sequela
22511	Lumbosacral Percutaneous vertebroplasty (bone biopsy included when performed), one vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	\$1,747	\$395	53.35	12.08	Cement C1713 Anchor/screw for opposing bone-to-bone (implantable)	5114	\$6,823	N/A	M80.88 Other osteoporosis with current pathological fracture, vertebra(e): M80.88XA- initial encounter for fracture; M80.88XS- sequela
22512	Each additional vertebral body Each additional cervicothoracic or lumbosacral vertebral body (list separately in addition to code for primary procedure 22510 + 22512 or 22511 + 22512)	\$709	\$201	21.66	6.13		5114	\$6,823	N/A	M84.58 Pathological fracture in neoplastic disease, other specified site (vertebra): M84.58XA- initial encounter for fracture; M84.58XS- sequela
C7504	Procedural code pair representing codes listed 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)	N/A	N/A	N/A	N/A	C1889 Implantable/insertable device, not otherwise classified device	N/A	N/A	\$3,393	C41.2* Malignant neoplasm of vertebral column C79.51* Secondary malignant neoplasm of bone C79.52* Secondary malignant neoplasm of bone marrow C90.00* Multiple myeloma not having achieved remission C90.01* Multiple myeloma in remission C90.02* Multiple myeloma in relapse
C7505	Procedural code pair representing codes listed 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)	N/A	N/A	N/A	N/A		N/A	N/A	\$3,393	

MS-DRGs inpatient reimbursement⁶

Code	Description	Payment
MS-DRGs		
515	Other musculoskeletal system and connective tissue OR procedures with MCC*	\$22,136
516	Other musculoskeletal system and connective tissue OR procedures with CC**	\$14,289
517	Other musculoskeletal system and connective tissue OR procedures without CC/MCC***	\$10,463

*Major complication or comorbidity

**Complication or comorbidity

***Complication or comorbidity/major complication or comorbidity

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. 2024 CMS PFS Final Rule, Addendum B (available on CMS website, published November 2, 2023). Medicare national average physician payment rates listed in this document are based on the November 2023 release of the relative value file and conversion factor of 32.7375.
3. 2024 CMS OPPTS/ASC Final Rule, Addendum AA, B and J (available on CMS website, published November 2, 2023).
4. Healthcare Common Procedure Coding System (HCPCS) Level II codes are maintained by the Centers for Medicare and Medicaid Services.
5. 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.
6. FY 2024 IPPS Final Rule (available on CMS website).

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 December 12, 2023, 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.
- For the purposes of reporting 22510, 22511, 22512, “vertebroplasty” is the process of injecting a material (cement) into the vertebral body (without creating a cavity) to reinforce the structure of the body using image guidance.
- 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.

Indications for use

For Stryker percutaneous vertebroplasty products, refer to Indications for Use section within the Instructions for Use (IFU).

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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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