Medicare (FCSO) Summary

Local Coverage Determination (LCD) for Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF)[1]

Effective date: 7/11/21

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)

1. Painful, debilitating, osteoporotic vertebral collapse/compression fractures, defined as those that have not responded to non-surgical medical management (e.g., narcotic and/or non- narcotic medication, physical therapy modalities) with and without methods of immobility (e.g., rest, bracing).

☐ Acute (<6 weeks) or subacute (6-12 weeks) osteoporotic VCF (T1-L5) based on symptom onset, and documented by advanced imaging demonstrating bone marrow edema on MRI or bone-scan/SPECT/CT uptake and
☐ The beneficiary is symptomatic and is hospitalized with severe pain (Numeric Rating Scale (NRS) or Visual Analog Scale (VAS) pain score ≥8) or is non-hospitalized with moderate to severe pain (NRS or VAS ≥5) despite optimal non-surgical management (NSM) with one of the following:

- Worsening pain or
- Stable to improved pain (but NRS or VAS still ≥5) when 2 or more of the following are present:
  - ✔ 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)

Continuum of care

- All patients presenting with VCF should be referred for evaluation of bone mineral density (BMD) and osteoporosis education for subsequent treatment as indicated and instructed to take part in an osteoporosis prevention/treatment program.

2. Malignant vertebral fractures

Osteolytic vertebral metastasis or myeloma with severe back pain related to a destruction of the vertebral body, not involving the major part of the cortical bone.

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 infection
☒ Pregnancy
☒ Active surgical site infection

Relative contraindication

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

Billing and coding: PVA for VCF[2]

CPT codes[3]

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[4] diagnosis codes that support medical necessity

M80.08XA Age-related osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture
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
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 one of the below:

C41.2 Malignant neoplasm of vertebral column
C79.51 Secondary malignant neoplasm of bone
C90.00 Multiple myeloma not having achieved remission
C90.01 Multiple myeloma in remission
C90.02 Multiple myeloma in relapse

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Sources:

1. FCSO Final Effective LCD (L34976). Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF). Available on CMS website. Retrieved 3/14/23.
2. FCSO Billing and Coding Article (A57872). 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

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