

Coding Guidelines

Vertebroplasty, Vertebral Augmentation (formerly Kyphoplasty); Percutaneous, J3 CB2006.74 R3

1. Vertebral Augmentation should be billed using CPT 22523 , 22524 , 22525 .
2. For both Vertebroplasty and Vertebral Augmentation, consistent with the current CPT code descriptors for CPT 72291 and 72292, fluoroscopy or CT may be billed and paid separately for Radiological Supervision and Interpretation as appropriate.
3. If Vertebral Augmentation is done as an open procedure, such as when done with other open spine procedures, it should be billed with 22899, with a description of the procedure in Item 19, or the electronic equivalent, of the CMS 1500 Claim Form. Since Vertebral Augmentation is valued as a percutaneous procedure, when a Vertebral Augmentation claim is submitted on the same day as open vertebral procedures, NAS will presume that the Vertebral Augmentation procedure was done as an open procedure and thus of less complexity than the percutaneous procedure, so will decrease the reimbursement level by 50%, then apply multiple procedure reduction rules.