

Billing and Coding Guidelines

L34592

Coding Guidelines

1. When billing for osteoporosis that results in a pathologic fracture or a fracture of the spinal column without spinal cord injury both the osteoporosis code and a fracture code must be on the claim.
2. No separate payment for venography performed during the operative session may be allowed.
3. Some physicians are erroneously billing for open vertebroplasty surgeries, using the code for percutaneous vertebroplasty. These surgeries are performed during various open spinal procedures such as the open treatment of vertebral fractures/dislocations (CPT 22325-22328) and various laminotomy/decompression procedures (CPT 63003-63091).
4. Since CPT codes 22510-22511 include localization of the vertebra (e) to be injected, they are not appropriate to use for open vertebroplasty; the localization has been accomplished through the surgical incision, and is therefore, included by the use of the primary procedure code(s).
5. To bill for open vertebroplasty that was performed with other open spinal procedures, use code 22899 (NOC). Place the name of the procedure "Open Vertebroplasty" in Item 19 of the CMS 1500 form or its equivalent when billing EMC. Bill for the number of vertebral levels injected, whether unilateral or bilateral. This code should not be reported for any vertebral level on which another procedure is already being performed on a vertebral body, such as open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s) (22325-22328).
6. Bone biopsy, (CPT code 20225, 20250 or 20251) unless performed as a separate procedure on a different body site, is considered integral to both percutaneous vertebroplasty and vertebral augmentation including cavity creation AND THUS NOT BILLABLE SEPARATELY.
7. If a bone biopsy is billed as a separate procedure, use modifier 59/X {EPSU} (CR 8863) to identify when the biopsy code is a distinct and separate service from the percutaneous vertebroplasty or vertebral augmentation including cavity creation. Identify the site (such as L1) in item 19 of the CMS-1500 form or its electronic equivalent.
8. CPT code 62292 (Injection procedure for chemonucleolysis, including discography, intervertebral disk, single or multiple levels, lumbar) is not considered to be a procedure that is performed as part of percutaneous vertebroplasty or vertebral augmentation including cavity creation.

Revision Effective Date

Revision History Number/Explanation

02/01/2016 Added LCD Database ID Number L34592. Annual review done. No change in coverage.

02/01/2015 Annual review done 01/02/2015 no change in coverage.

01/01/2015 Deleted codes 22520-22521 and added codes 22510-22511 per 2015 CPT/HCPCS Code Changes. Removed outdated AMA Copyright statement.

11/01/2014 Formatting and punctuation changes made. No change in coverage.