

Site of Service Code, Description & Medicare Payment

(Calendar Year Jan 1, 2010 – Dec 31, 2010)

CPT Code	DESCRIPTION	CY 2010 FACILITY PAYMENT			CY 2010 PHYSICIAN PAYMENT
		Hospital Outpatient	ASC	Physician Office Payment	
22520	Percutaneous vertebroplasty, one vertebral body; unilateral or bilateral injection; thoracic	\$2,141	\$1,275	\$2,061	\$518
22521	Percutaneous vertebroplasty, one vertebral body; unilateral or bilateral injection; lumbar	\$2,141	\$1,275	\$2,015	\$489
22522	Each additional thoracic or lumbar vertebral body	\$1,071	\$638	\$237	\$229
22523	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic	\$5,976	\$3,551	N/A	\$568
22524	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar	\$5,976	\$3,551	N/A	\$546
22525	Each additional thoracic or lumbar vertebral body	\$2,988	\$1,776	N/A	\$257
72291	Radiological supervision & interpretation, percutaneous Vertebroplasty/Sacroplasty or vertebral augmentation including cavity creation, per vertebral body; under fluoroscopic guidance	Packaged into rates above	N/A	N/A	\$71
72292	Radiological supervision & interpretation, percutaneous Vertebroplasty/Sacroplasty or vertebral augmentation including cavity creation, per vertebral body; under CT guidance	Packaged into rates above	N/A	N/A	\$74

ICD-9 Procedural Code, Description & Base Payment

(Fiscal Year Oct 1, 2009 – Sept 30, 2010)

81.65 Percutaneous Vertebroplasty		81.66 Percutaneous Vertebral Augmentation	
Injection of bone void filler (cement) (polymethylmethacrylate) (PMMA) into the diseased or fractured vertebral body (dictation must justify MS-DRG used)		Insertion of inflatable balloon, bone tamp, or other device displacing (removing) (compacting) bone to create a space (cavity) (void prior to the injection of bone void filler (cement) (polymethylmethacrylate) (PMMA) or other substance (dictation must justify MS-DRG used)	
MS-DRG 515 Other musculoskeletal system & connective tissue O.R. procedures w/ Major Complication or Comorbidity (MCC)	MS-DRG 516 Other musculoskeletal system & connective tissue O.R. procedures w/ CC	MS-DRG 517 Other musculoskeletal system & connective tissue O.R. procedures w/o CC/MCC	
FY 2010 CMS Base Payment Relative Weight - 3.0414 \$16,219	FY 2010 CMS Base Payment Relative weight - 1.8355 \$9,561	FY 2010 CMS Base Payment Relative Weight -1.3640 \$7,028	
<small>CY–Calendar Year (1/1/10-12/31/10) - FY – CMS Inpatient Prospective Payment Fiscal Year (10/1/09-9/30/10) Actual payment will vary by geographic location & type of hospital (teaching v. non-teaching), among other things. Under the MS-DRG system, procedures may be assigned to a number of other MS-DRGs, based on a particular patient's condition. Providers should report the codes that most accurately describe the patients' medical condition, procedures performed & the products used. DFine, Inc. cannot guarantee coverage or payment for products or procedures. The service & the product must be reasonable & necessary for the care of the patient to support reimbursement. Providers should check Medicare bulletins, manuals, program memoranda, and Medicare guidelines to ensure compliance with the Medicare requirements.</small>			



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Site of Service Coding Guide

Site of Service Codes

Office - 11	Inpatient - 21	Outpatient - 22	Ambulatory Surgical Center - 24
Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness, or injury on an ambulatory basis.	A facility, other than psychiatric, which primarily provides diagnosis, therapeutic, (both surgical and non-surgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of reasons.	A portion of the hospital which provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.

Hospital Outpatient/ASC Procedure Codes

CPT Code	DESCRIPTION	Ambulatory Payment Classification (APC)
22520	Percutaneous vertebroplasty, one vertebral body; unilateral or bilateral injection; thoracic	APC 0050
22521	Percutaneous vertebroplasty, one vertebral body; unilateral or bilateral injection; lumbar	APC 0050
22522	Each additional thoracic or lumbar vertebral body	APC 0050
22523	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic	APC 0052
22524	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar	APC 0052
22525	Each additional thoracic or lumbar vertebral body	APC 0052
72291	Radiological supervision & interpretation, percutaneous vertebroplasty/sacroplasty or vertebral augmentation including cavity creation, per vertebral body; under fluoroscopic guidance	N/A
72292	Radiological supervision & interpretation, percutaneous vertebroplastysacroplasty or vertebral augmentation including cavity creation, per vertebral body; under CT guidance	N/A

MS-DRG Codes for Hospital Inpatient

MS-DRG	DESCRIPTION
515	Other musculoskeletal system & connective tissue O.R. procedures w Major Complication or Comorbidity (MCC)
516	Other musculoskeletal system & connective tissue O.R. procedures w/ (CC)
517	Other musculoskeletal system & connective tissue O.R. procedures (w/o CC/MCC)
907	Other O.R. Procedures for Injuries (with MCC)
908	Other O.R. Procedures for Injuries (with CC)
909	Other O.R. Procedures for Injuries (without CC/MCC)

