

Percutaneous Treatment of Vertebral Compression Fractures (VCF)

Historical Perspective

- 2001, the AMA assigned procedure-specific CPT codes to describe percutaneous vertebroplasty.
 - Percutaneous vertebroplasty is a minimally invasive, radiologically guided vertebral augmentation procedure that uses radiologic imaging to identify a fractured vertebral body and monitor the injection of polymethylmethacrylate (PMMA).
- 2006, the American Medical Association (AMA) introduced new CPT codes to describe kyphoplasty procedures and further differentiate them from vertebroplasty or open fracture reduction procedures.
 - Although similar to a vertebroplasty procedure in the use of acrylic cement to stabilize and reduce pain associated with a vertebral compression fracture, early kyphoplasty procedures used balloon technology to create a cavity in the fractured vertebrae which was followed by cement injection.

These codes include the following

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 (e.g., kyphoplasty); thoracic (CPT 2009 Professional Edition)

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 (e.g., kyphoplasty); lumbar (CPT 2009 Professional Edition)

22525: each additional thoracic or lumbar vertebral body (CPT 2009 Professional Edition)

Current Landscape

Since 2006, technology has evolved that impacts traditional kyphoplasty coding. Initially kyphoplasty was defined as the “balloon procedure”. Today, there are additional technologies designed for cavity creation. Consequently, coding language is evolving as well.

- For example, CMS has released language changes in its final inpatient prospective payment rule (IPPS) effective October 1, 2008. In the ICD-9-CM procedure code addendum, the Agency has provided the following revisions to their coding language for kyphoplasty: (ICD-9 CM 2009 Volumes 1&2)

ICD-9 Code	Fiscal Year	Code Title	Description
81.66	2008	Kyphoplasty	Insertion of inflatable balloon, bone tamp, or other device to create a space for partial restoration of height of diseased or fractured vertebral body prior to injection of bone void filler (cement) (polymethylmethacrylate) (PMMA).
	2009	Percutaneous vertebral augmentation	Insertion of inflatable balloon, bone tamp, or other device <u>displacing (removing) (compacting) bone</u> to create a space (cavity) (void) prior to the injection of bone void filler (cement) (polymethylmethacrylate) (PMMA) <u>or other substance. Arcuoplasty, Kyphoplasty, SKyphoplasty, Spineoplasty.</u>

Special points of interest:

- Revised hospital procedure (ICD-9) code defines the procedure as Percutaneous Vertebral Augmentation rather than Kyphoplasty.
- This change in code title moves the specificity of kyphoplasty from the descriptor into the code's notes with other examples of vertebral augmentation technologies available at time of publication.
- It removes reference to height restoration in the description and further emphasizes cavity creation.
- These code changes recognize the technology changes in vertebral augmentation procedures and indicate an evolving mindset regarding their reimbursement
- Information available on the CMS website at <http://www.CMS.HHS.GOV/>