

Subject: Kyphoplasty and Vertebroplasty\*

Effective Date: March 27, 2007

**Department(s):** Utilization Management

**Policy:** Kyphoplasty (also called vertebral augmentation) and

vertebroplasty are reimbursable for medically necessary indications as delineated in this policy, under Plans

administered by QualCare, Inc.

**Objective:** To assure proper and consistent reimbursement and to

provide objective criteria for a medically necessary

service.

**Procedure:** 

- A. Kyphoplasty (CPT 22513 [thoracic], 22514 [lumbar], 22515 [each additional segment]) and vertebroplasty (S2360, S2361 [cervical], 22510 [thoracic], 22511[lumbar], 22512[each additional segment] are reimbursable under circumstances that include but are not limited to the following:
  - 1. Osteoporotic vertebral collapse (733.00 733.09) causing debilitating pain, which has not responded to less invasive medical treatment for at least six weeks including but not limited to braces, analgesics and NSAIDs
  - 2. Traumatic fracture of a vertebral body (**721.7**, **805.0 805.7**, **806.00 806.79**)

- 3. Primary malignant tumor of bone or marrow (**170.2**, **200.00 208.92**)
- 4. Metastatic bone tumor (198.5)
- 5. Multiple myeloma (203.0)
- 6. Pathologic vertebral fracture (733.13)
- 7. Painful osseous hemangioma (**228.90**)
- 8. Other bone pathology causing progressive bone destruction or imminent risk of vertebral collapse, including but not limited to the following:
  - a. Eosinophilic granuloma of bone (277.89)

ICD-10 codes: M81.0, M81.6, M81.8, M48.32-M48.36, S12.9XXA, S12.000A, S12.0001A, S12.130A-S12.191A, S12.200A-S12.291A, S12.300A-S12.391A, S12.400A-S12.491A, S12.500A-S12.591A, S12.600A-S12.691A S12.000B-S12.601B, S22.009A-S22.089A, S22.009B-S22.089B, S32.009A-S32.059A, S32.009B-S32.059B, C41.2, D16.6, C79.51, C79.52, C90.00, C90.01, C90.02, M48.51XA-M48.56XA, C96.5, C96.6

Imaging guidance is included in the procedure code for the vertebroplasty or kyphoplasty per 2015 coding guidelines.

- C. Kyphoplasty and vertebroplasty are not reimbursable for the following as there is not a significant body of peer-reviewed literature supporting their efficacy for these diagnoses. Under these circumstances they are therefore deemed experimental, investigational, or unproven.
  - 1. Asymptomatic fractures or fractures healing by conservative means with progressive decrease of pain and disability (805.0 805.7, 806.00 806.79)
  - 2. Kyphosis without fracture (**737.0**, **737.1**)
  - 3. Treatment of secondary complications of kyphosis, including but not limited to reduced pulmonary function (**518.89**)
  - 4. Other causes of pain, including but not limited to: herniated intervertebral disk (722.0 722.3)

ICD-10 Codes: M40.00-M40.05, M40.202-M40.209 S12.9XXA,S12.000A, S12.0001A, S12.130A-S12.191A, S12.200A-S12.291A, S12.300A-S12.391A, S12.400A-S12.491A, S12.500A-S12.591A, S12.600A-S12.691A S12.000B-S12.601B, S22.009A-S22.089A, S22.009B-S22.089B, S32.009A-S32.059A, S32.009B-S32.059B J98.4

- D. Either vertebroplasty or kyphoplasty may be done per vertebra, but not both. If both are reported, one procedure will be denied.
- E. Percutaneous sacroplasty (CPT 0200T, 0201T) is not covered for any indication because it is considered experimental, investigational, or unproven.

## References

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\*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.