

Hospital Inpatient Coding

ICD-9-CM Procedure Code

- 81.66 Percutaneous Vertebral Augmentation

ICD-9-CM Diagnosis Codes*

Most Medicare Contractors have established Local Coverage Determinations (LCDs) which list medical indications of coverage and ICD-9-CM diagnosis codes that support medical necessity for KYPHON® Balloon Kyphoplasty procedures. The following diagnosis codes may apply to patients undergoing balloon kyphoplasty:

- 733.13 Pathologic Fracture of Vertebrae
- 733.XX Osteoporosis
- 2XX.XX Neoplasm; Deficiency-Related Diagnoses
- 8XX.XX Fracture Diagnoses

*Providers should report the ICD-9-CM code that most accurately describes a patient's condition. Please refer to payer policy in your region for more information. Multiple diagnosis codes may be required.

Possible Diagnosis-Related Group (DRG) Assignments*

- DRG 477 Biopsies of musculoskeletal system & connective tissue w MCC
- DRG 478 Biopsies of musculoskeletal system & connective tissue w CC
- DRG 479 Biopsies of musculoskeletal system & connective tissue w/o CC/MCC
- DRG 515 Other musculoskeletal system and connective tissue O.R. procedures w Major Complication or Comorbidity (MCC)
- DRG 516 Other musculoskeletal system & connective tissue O.R. procedures w CC
- DRG 517 Other musculoskeletal system & connective tissue O.R. procedures w/o CC/MCC

*Under the new MS-DRG system, as with the current DRG system, the case may be assigned to a number of other MS-DRGs, based on a particular patient's condition, including but not limited to, MS-DRG 907, MS-DRG 908, and MS-DRG 909.

Hospital Outpatient Coding

Procedure Codes

- 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
- 22524 lumbar
- 22525 each additional thoracic or lumbar vertebral body (list separately in addition to code for primary procedure)
- 72291* Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under fluoroscopic guidance
- 72292* under CT guidance

*Payment is packaged in other services, therefore there is no separate APC payment.

Ambulatory Payment Classification (APC) for Medicare Hospital Outpatient

APC 052 Level IV Musculoskeletal Procedures Except Hand and Foot

Utilization Review

Physicians should confirm pertinent inpatient or outpatient admission criteria and make admission decisions based on medical necessity.

Chargemaster

Please update your facility's chargemaster using current balloon kyphoplasty codes. Please contact your Medtronic Health Care Policy and Reimbursement Manager for details.

Ambulatory Surgery Center (ASC)

Procedure Codes

- 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 lumbar
- 22524 lumbar
- 22525 each additional thoracic or lumbar vertebral body (list separately in addition to code for primary procedure)
- 72291* Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under fluoroscopic guidance
- 72292* under CT guidance

*Payment is packaged in other services, therefore there is no separate ASC payment.

Documentation*

- Medical record documentation is key to communicating essential information for making a decision as to whether a procedure was reasonable and necessary for a particular patient.
- At minimum, the medical record should convey information about a patient's medical condition, the rationale for why balloon kyphoplasty was needed and the outcome of the procedure.
- Medical record documentation should include a detailed History and Physical which enables billing personnel to verify that a claim is coded specifically and accurately. For example, some payers require documentation that conservative care has been tried and failed.

*See payer policy for specific documentation and clinical coverage criteria.

ICD-9-CM Diagnosis Codes

Most Medicare Contractors have established Local Coverage Determination (LCDs) which list medical indications of coverage and ICD-9-CM diagnosis codes that support medical necessity for KYPHON® Balloon Kyphoplasty procedures. The following diagnosis codes may apply to patients undergoing balloon kyphoplasty:

- 733.13 Pathologic Fracture of Vertebrae
- 733.XX Osteoporosis
- 2XX.XX Neoplasm; Deficiency-Related Diagnoses
- 8XX.XX Fracture Diagnoses
- Providers should report the ICD-9-CM code that most accurately describes a patient's condition.
- Please refer to payer policy in your region for more information. Multiple diagnosis codes may be required.

CPT Codes

- 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 lumbar
- 22524 each additional thoracic or lumbar vertebral body (list separately in addition to code for primary procedure)
- 72291 Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under fluoroscopic guidance
- 72292 under CT guidance

ICD-9-CM Diagnosis Codes

All claim forms must include ICD-9-CM diagnosis codes to report the patient's condition. These codes reflect the physician's assessment of a particular patient's condition. Most Medicare Contractors have established Local Coverage Determinations (LCDs) which list medical indications of coverage and ICD-9-CM diagnosis codes that support medical necessity for KYPHON® Balloon Kyphoplasty procedures. The LCDs are available through the CMS website at www.cms.hhs.gov/coverage. The following diagnosis codes may apply to patients undergoing balloon kyphoplasty:

- 733.13 Pathologic Fracture of Vertebrae
- 733.XX Osteoporosis
- 2XX.XX Neoplasm; Deficiency-Related Diagnoses
- 8XX.XX Fracture Diagnoses
- Providers should report the ICD-9-CM code that most accurately describes a patient's condition.
- Please refer to payer policy and ICD-9-CM diagnosis codes that support medical necessity in your region. Multiple diagnosis codes may be required.

Documentation*

- Medical record documentation is key to communicating essential information for making a decision as to whether a procedure was reasonable and necessary for a particular patient.
- At minimum, the medical record should convey information about a patient's medical condition, the rationale for why balloon kyphoplasty was needed and the outcome of the procedure.
- Medical record documentation should include a detailed History and Physical which enables billing personnel to verify that a claim is coded specifically and accurately. For example, some payers require documentation that conservative care has been tried and failed.

*See payer policy for specific documentation and clinical coverage criteria.

Medical Necessity/Site of Service

Balloon kyphoplasty can be performed in an inpatient, outpatient hospital setting or in an Ambulatory Surgery Center (ASC). Medical necessity will dictate site of service for each individual patient. Please contact your medical facility for inpatient admission criteria.

Prior Authorization

Assistance with a prior authorization or denial may be available from Medtronic for patients whose medical needs are consistent with FDA approved/cleared indications or otherwise in accordance with payor policies. Prior authorization requests for balloon kyphoplasty may require the following items:

- Progress Notes
- X-Ray and/or MRI Reports
- Medicare or other coverage policies
- Clinical Literature [available from Medtronic upon request or at www.kyphon.com]

Medicare Fee Schedule Indicators

Global Period	10 Days
Assist Surgeon	Statutory payment restriction for assistant applies
Co-Surgeon	Not covered for this procedure

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Although the complication rate with KYPHON® Balloon Kyphoplasty has been demonstrated to be low, as with most surgical procedures, there are risks associated with the procedure, including serious complications. For complete information regarding indications for use, contraindications, warnings, precautions, adverse events, and methods of use, please reference the devices' Instructions for Use.

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