

## Local Coverage Determination (LCD): Vertebroplasty/Kyphoplasty (L33473)

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<a href="#">Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlId=379&amp;ver=1)</a>	A and B and HHH MAC	11302 - MAC B	J - M	Virginia
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- **LCD Information**

**Document Information**

**LCD ID**  
L33473

**LCD Title**  
Vertebroplasty/Kyphoplasty

**Proposed LCD in Comment Period**  
N/A

**Source Proposed LCD**

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**Original Effective Date**  
For services performed on or after  
10/01/2015

**Revision Effective Date**  
For services performed on or after  
08/09/2018

**Revision Ending Date**  
N/A

**Retirement Date**  
N/A

**Notice Period Start Date**  
08/03/2017

**Notice Period End Date**  
09/17/2017

### **CMS National Coverage Policy**

Title XVIII of the Social Security Act, §1862(a)(1)(A) allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

42 CFR §410.32(a) Ordering Diagnostic Tests

42 CFR §411.15(k)(1) Particular services excluded from coverage

CMS Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 13, §80.1 Physician Presence

CMS Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 30, §20.2.1 Categorical Denials

CMS Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 3, §3.4.1.3(A) states each claim submitted "shall include the appropriate diagnosis code (or codes)..."

### **Coverage Guidance**

#### **Coverage Indications, Limitations, and/or Medical Necessity**

##### **Indications:**

The principal indications for percutaneous vertebroplasty are painful osteoporotic or osteolytic compression fractures of the thoracic or lumbar vertebrae. In addition, there have been reports of using this procedure for painful hemangiomas or eosinophilic granulomas of the spine. The decision for treatment should be multidisciplinary and consider such factors as the extent of disease, the underlying etiology, the severity of the pain, the nature of any neurologic dysfunction, the outcome of any previous non-invasive treatment attempts, and the general state of the patient's health. Any existing uncorrected coagulopathy or anticoagulation therapy is an absolute contraindication, as is a known allergy to any materials used in the procedure, such as the contrast media or bone cement. Other relative contraindications include a collapse of a vertebra to less than 1/3 of the original height or significant neurologic symptoms related to the compression of the vertebrae.

Kyphoplasty is indicated for painful osteoporotic or osteolytic compression fractures of the thoracic or lumbar vertebrae. Kyphoplasty is not indicated for fractures caused by high-velocity injury or other causes of disabling back pain not due to acute fracture. Kyphoplasty is also not appropriate when the vertebral body fracture is associated with widened pedicles or retropulsion of bone as in a burst fracture. Local infections are contraindications. Any existing uncorrected coagulopathy or anticoagulation therapy is an absolute contraindication, as is known allergy to any materials used in the procedure, such as the contrast media or bone cement.

##### **Palliative Treatment:**

Both of these procedures have been found to be effective in the pain management of metastatic bone metastases in those patients who are in either hospice or palliative care.

**Limitations:**

These procedures must not be used to treat pain that has shown progressive improvement with non-invasive measures.

**Summary of Evidence**

N/A

**Analysis of Evidence  
(Rationale for Determination)**

N/A

**- Coding Information****Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

**Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

CODE	DESCRIPTION
99999	Not Applicable

**CPT/HCPCS Codes****Group 1 Paragraph:****CPT Codes****Group 1 Codes:**

CODE	DESCRIPTION
22510	Perq cervicothoracic inject
22511	Perq lumbosacral injection
22512	Vertebroplasty addl inject
22513	Perq vertebral augmentation
22514	Perq vertebral augmentation
22515	Perq vertebral augmentation
22899	Spine surgery procedure

**ICD-10 Codes that Support Medical Necessity****Group 1 Paragraph:**

Use of these codes does not guarantee reimbursement. The patient's medical record must document that the coverage criteria in this policy have been met.

**Group 1 Codes:**

ICD-10 CODE	DESCRIPTION
C41.2	Malignant neoplasm of vertebral column
C79.51	Secondary malignant neoplasm of bone
C79.52	Secondary malignant neoplasm of bone marrow

ICD-10 CODE	DESCRIPTION
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis
C96.6	Unifocal Langerhans-cell histiocytosis
D16.6	Benign neoplasm of vertebral column
D18.09	Hemangioma of other sites
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
D48.0	Neoplasm of uncertain behavior of bone and articular cartilage
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
M48.54XA	Collapsed vertebra, not elsewhere classified, thoracic region, initial encounter for fracture
M48.54XD	Collapsed vertebra, not elsewhere classified, thoracic region, subsequent encounter for fracture with routine healing
M48.54XG	Collapsed vertebra, not elsewhere classified, thoracic region, subsequent encounter for fracture with delayed healing
M48.54XS	Collapsed vertebra, not elsewhere classified, thoracic region, sequela of fracture
M48.55XA	Collapsed vertebra, not elsewhere classified, thoracolumbar region, initial encounter for fracture
M48.55XD	Collapsed vertebra, not elsewhere classified, thoracolumbar region, subsequent encounter for fracture with routine healing
M48.55XG	Collapsed vertebra, not elsewhere classified, thoracolumbar region, subsequent encounter for fracture with delayed healing
M48.55XS	Collapsed vertebra, not elsewhere classified, thoracolumbar region, sequela of fracture
M48.56XA	Collapsed vertebra, not elsewhere classified, lumbar region, initial encounter for fracture
M48.56XD	Collapsed vertebra, not elsewhere classified, lumbar region, subsequent encounter for fracture with routine healing
M48.56XG	Collapsed vertebra, not elsewhere classified, lumbar region, subsequent encounter for fracture with delayed healing
M48.56XS	Collapsed vertebra, not elsewhere classified, lumbar region, sequela of fracture
M80.08XA	Age-related osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture
M80.08XD	Age-related osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with routine healing
M80.08XG	Age-related osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with delayed healing
M80.08XK	Age-related osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with nonunion
M80.08XP	Age-related osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with malunion
M80.08XS	Age-related osteoporosis with current pathological fracture, vertebra(e), sequela
M84.58XA	Pathological fracture in neoplastic disease, other specified site, initial encounter for fracture
M84.58XD	Pathological fracture in neoplastic disease, other specified site, subsequent encounter for fracture with routine healing
M84.58XG	Pathological fracture in neoplastic disease, other specified site, subsequent encounter for fracture with delayed healing

ICD-10 CODE	DESCRIPTION
M84.58XK	Pathological fracture in neoplastic disease, other specified site, subsequent encounter for fracture with nonunion
M84.58XP	Pathological fracture in neoplastic disease, other specified site, subsequent encounter for fracture with malunion
M84.58XS	Pathological fracture in neoplastic disease, other specified site, sequela
S22.010A	Wedge compression fracture of first thoracic vertebra, initial encounter for closed fracture
S22.010D	Wedge compression fracture of first thoracic vertebra, subsequent encounter for fracture with routine healing
S22.010G	Wedge compression fracture of first thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.010K	Wedge compression fracture of first thoracic vertebra, subsequent encounter for fracture with nonunion
S22.010S	Wedge compression fracture of first thoracic vertebra, sequela
S22.020A	Wedge compression fracture of second thoracic vertebra, initial encounter for closed fracture
S22.020D	Wedge compression fracture of second thoracic vertebra, subsequent encounter for fracture with routine healing
S22.020G	Wedge compression fracture of second thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.020K	Wedge compression fracture of second thoracic vertebra, subsequent encounter for fracture with nonunion
S22.020S	Wedge compression fracture of second thoracic vertebra, sequela
S22.030A	Wedge compression fracture of third thoracic vertebra, initial encounter for closed fracture
S22.030D	Wedge compression fracture of third thoracic vertebra, subsequent encounter for fracture with routine healing
S22.030G	Wedge compression fracture of third thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.030K	Wedge compression fracture of third thoracic vertebra, subsequent encounter for fracture with nonunion
S22.030S	Wedge compression fracture of third thoracic vertebra, sequela
S22.040A	Wedge compression fracture of fourth thoracic vertebra, initial encounter for closed fracture
S22.040D	Wedge compression fracture of fourth thoracic vertebra, subsequent encounter for fracture with routine healing
S22.040G	Wedge compression fracture of fourth thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.040K	Wedge compression fracture of fourth thoracic vertebra, subsequent encounter for fracture with nonunion
S22.040S	Wedge compression fracture of fourth thoracic vertebra, sequela
S22.050A	Wedge compression fracture of T5-T6 vertebra, initial encounter for closed fracture
S22.050D	Wedge compression fracture of T5-T6 vertebra, subsequent encounter for fracture with routine healing
S22.050G	Wedge compression fracture of T5-T6 vertebra, subsequent encounter for fracture with delayed healing
S22.050K	Wedge compression fracture of T5-T6 vertebra, subsequent encounter for fracture with nonunion
S22.050S	Wedge compression fracture of T5-T6 vertebra, sequela
S22.060A	Wedge compression fracture of T7-T8 vertebra, initial encounter for closed fracture

ICD-10 CODE	DESCRIPTION
S22.060D	Wedge compression fracture of T7-T8 vertebra, subsequent encounter for fracture with routine healing
S22.060G	Wedge compression fracture of T7-T8 vertebra, subsequent encounter for fracture with delayed healing
S22.060K	Wedge compression fracture of T7-T8 vertebra, subsequent encounter for fracture with nonunion
S22.060S	Wedge compression fracture of T7-T8 vertebra, sequela
S22.070A	Wedge compression fracture of T9-T10 vertebra, initial encounter for closed fracture
S22.070D	Wedge compression fracture of T9-T10 vertebra, subsequent encounter for fracture with routine healing
S22.070G	Wedge compression fracture of T9-T10 vertebra, subsequent encounter for fracture with delayed healing
S22.070K	Wedge compression fracture of T9-T10 vertebra, subsequent encounter for fracture with nonunion
S22.070S	Wedge compression fracture of T9-T10 vertebra, sequela
S22.080A	Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture
S22.080D	Wedge compression fracture of T11-T12 vertebra, subsequent encounter for fracture with routine healing
S22.080G	Wedge compression fracture of T11-T12 vertebra, subsequent encounter for fracture with delayed healing
S22.080K	Wedge compression fracture of T11-T12 vertebra, subsequent encounter for fracture with nonunion
S22.080S	Wedge compression fracture of T11-T12 vertebra, sequela
S32.010A	Wedge compression fracture of first lumbar vertebra, initial encounter for closed fracture
S32.010D	Wedge compression fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
S32.010G	Wedge compression fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.010K	Wedge compression fracture of first lumbar vertebra, subsequent encounter for fracture with nonunion
S32.010S	Wedge compression fracture of first lumbar vertebra, sequela
S32.020A	Wedge compression fracture of second lumbar vertebra, initial encounter for closed fracture
S32.020D	Wedge compression fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
S32.020G	Wedge compression fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.020K	Wedge compression fracture of second lumbar vertebra, subsequent encounter for fracture with nonunion
S32.020S	Wedge compression fracture of second lumbar vertebra, sequela
S32.030A	Wedge compression fracture of third lumbar vertebra, initial encounter for closed fracture
S32.030D	Wedge compression fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
S32.030G	Wedge compression fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.030K	Wedge compression fracture of third lumbar vertebra, subsequent encounter for fracture with nonunion
S32.030S	Wedge compression fracture of third lumbar vertebra, sequela

ICD-10 CODE	DESCRIPTION
S32.040A	Wedge compression fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.040D	Wedge compression fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.040G	Wedge compression fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.040K	Wedge compression fracture of fourth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.040S	Wedge compression fracture of fourth lumbar vertebra, sequela
S32.050A	Wedge compression fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.050D	Wedge compression fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.050G	Wedge compression fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing

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#### ICD-10 Codes that DO NOT Support Medical Necessity

##### Group 1 Paragraph:

All other ICD-10 codes not listed under "ICD-10 Codes that Support Medical Necessity" will be denied as not medically necessary.

##### Group 1 Codes:

N/A

##### Additional ICD-10 Information

N/A

#### - General Information

##### Associated Information

##### Documentation Requirements

The patient's medical record must document the medical necessity of services performed for each date of service submitted on a claim, and documentation must be available to the A/B MAC upon request.

All claims must have documentation in the medical record that the patient failed medical, non-interventional therapy.

##### Utilization Guidelines

Services performed for excessive frequency are not medically necessary. Frequency is considered excessive when services are performed more frequently than generally accepted by peers and the reason for additional services is not justified by documentation.

##### Sources of Information

N/A

##### Bibliography

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- **Revision History Information**

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
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08/09/2018	R8	<p>Under <b>Bibliography</b> formatting changes were made to citations to reflect AMA citation guidelines. The spelling for the word "vertebral" was corrected in the third citation. The names of the reference journals were corrected in the fourteenth, twenty-second and twenty-third citations. The verbiage "Accessed 7/25/18" was added at the end of the sixteenth and seventeenth citations.</p> <p>At this time 21<sup>st</sup> Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> <li>• Typographical Error</li> </ul>
02/26/2018	R7	<p>The Jurisdiction "J" Part B Contracts for Alabama (10112), Georgia (10212) and Tennessee (10312) are now being serviced by Palmetto GBA. The notice period for this LCD begins on 12/14/17 and ends on 02/25/18. Effective 02/26/18, these three contract numbers are being added to this LCD. No coverage, coding or other substantive changes (beyond the addition of the 3 Part B contract numbers) have been completed in this revision.</p>	<ul style="list-style-type: none"> <li>• Change in Affiliated Contract Numbers</li> </ul>
09/18/2017	R6	<p>No revisions were made as no comments were received from the provider community.</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>
06/03/2016	R5	<p>Under <b>CMS National Coverage Policy</b> Title XVIII of Social Security Act §1862(a)(1)(A) added verbiage "for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member" and revised the title for 42 CFR §411.15 (k)(1). Under <b>Coverage Guidance Coverage Indications, Limitations and/or Medical Necessity</b> the word "It" was deleted twice and replaced with "Vertebroplasty augmentation". Under <b>Sources of Information and Basis for Decision</b> deleted "et al" and added author names to reference #2 and corrected the journal title for reference #3. The publication number was corrected for reference #16. Throughout the LCD capitalization, spelling and punctuation were corrected.</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Typographical Error</li> </ul>

10/01/2015	R4	Under <b>CMS National Coverage Policy</b> changed "Publication 100.04" to "Publication 100-04" in fifth and sixth citations. Capitalized the letter "A" in reference to §3.4.1.3. Under <b>Sources of Information and Basis for Decision</b> , in second reference, added initial "M" to Belkoff S to now read "Belkoff SM", removed Jasper LE and Stevens SS and added Mathis JM and Fenton DC, et al. In thirteenth reference corrected author name "Bean J" to now read "Jean B". In sixteenth and seventeenth references, added hyperlinks for articles and removed accessed dates.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Other (Maintenance Annual Review)</li> </ul>
10/01/2015	R3	Under <b>CPT/HCPCS Codes</b> the following CPT codes were added: 22510, 22511, 22512, 22513, 22514 and 22515. The following CPT codes were deleted: 22520, 22521, 22522, 22523, 22524, 22525, 72291 and 72292. These changes are due to the Annual HCPCS/CPT Update CR 8975 dated 10/24/2014.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Automated Edits to Enforce Reasonable &amp; Necessary Requirements</li> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>
10/01/2015	R2	Under <b>ICD-10 Codes that Support Medical Necessity</b> section of the LCD a descriptor change was made to the following ICD-10 Codes due to the CMS Quarterly Update in July 2014: M84.58XA, M84.58XD, M84.58XG, M84.58XK, M84.58XP, M84.58XS. These description changes became effective 7/1/2014.	<ul style="list-style-type: none"> <li>• Other (CMS made changes to the Code Descriptors. )</li> </ul>
10/01/2015	R1	Under CMS National Coverage Policy added citation reference, CMS Internet-Only Manuals, Publication 100-08, <i>Medicare Program Integrity</i> , Chapter 3, §3.4.1.3(a), states each claim submitted "shall include the appropriate diagnosis code (or codes)"...	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Other (Added CMS reference citation.)</li> </ul>

## - **Associated Documents**

### Attachments

N/A

### Related Local Coverage Documents

Article(s)

[A55664 - Response to Comments: Vertebroplasty/Kyphoplasty \(/medicare-coverage-database/details/article-details.aspx?articleId=55664&ver=3&LCDId=33473&ContrlD=378&ContrVer=1&CntrctrSelected=378\\*1%7c379\\*1%7c380\\*1%7c381\\*1&DocTyp](#)

LCD(s)

[DL33473 \(/localcoverage.cms.gov/mcd\\_archive/m\\_d.asp?id=37388\)](#) - (MCD Archive Site)

### Related National Coverage Documents

N/A

### Public Version(s)

Updated on 08/03/2018 with effective dates 08/09/2018 - N/A

[Updated on 12/07/2017 with effective dates 02/26/2018 - 08/08/2018 \(/medicare-coverage-database/details/lcd-details.aspx?LCDId=33473&ver=25&CntrctrSelected=378\\*1&Cntrctr=378&LcNtrctr=378\\*1%7c379\\*1%7c380\\*1%7c381\\*1&DocType=2&bc=AgACAAQBAAAA&\)](#)

[Updated on 07/26/2017 with effective dates 09/18/2017 - 02/25/2018 \(/medicare-coverage-database/details/lcd-details.aspx?LCDId=33473&ver=24&CntrctrSelected=378\\*1&Cntrctr=378&LcNtrctr=378\\*1%7c379\\*1%7c380\\*1%7c381\\*1&DocType=2&bc=AgACAAQBAAAA&\)](#)

[Updated on 07/26/2017 with effective dates 09/18/2017 - 02/25/2018 \(/medicare-coverage-database/details/lcd-details.aspx?LCDId=33473&ver=24&CntrctrSelected=378\\*1&Cntrctr=378&LcNtrctr=378\\*1%7c379\\*1%7c380\\*1%7c381\\*1&DocType=2&bc=AgACAAQBAAAA&\)](#)

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## - **Keywords**

- Kyphoplasty
- Vertebroplasty

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