Local Coverage Determination (LCD): Percutaneous Vertebral Augmentation (L34106)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

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LCD Information

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L24383

LCD Title
Percutaneous Vertebral Augmentation

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CMS National Coverage Policy
Title XVIII of the Social Security Act, Section 1862(a)(1)(A). This section allows coverage and payment for only those services that are considered to be reasonable and necessary.

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

Coverage Guidance
Coverage Indications, Limitations, and/or Medical Necessity

This LCD applies to all types of and methods involving any procedure affecting vertebral augmentation, such as balloon reduction and augmentation, vertebroplasty.

In the US, more than one quarter of the population age 50 years or older experiences one vertebral fracture in the later years of life. Fractured vertebral bodies may produce intractable pain. Vertebral augmentation procedures are some of the invasive treatments that may be employed to address pain refractory to non-invasive therapeutic modalities. The percutaneous injection of medical cement or polymethylmethacrylate (PMM) or other material FDA-approved for this purpose into the vertebral body may reduce pain and improve function. One type of vertebral augmentation procedure, e .g. Kyphoplasty, also includes fracture reduction by expanding the intrabody space with a device such as a balloon. Following reduction, the bone cement is injected.

Indication
There is only one indication for these procedures: treatment of acute (< 4 months of symptoms) and painful compression fracture(s), regardless of etiology, in a patient without contraindication due to neurological deficits:

- The fracture may be demonstrated by plain film, CT or by MRI. The findings must correlate unequivocally with the site of the patient's pain as demonstrated by physical examination.
- Acuity may be established by history, MRI and/or nuclear medicine bone scan.
- Pain must be predominantly related to the demonstrated fracture(s), of moderate to severe intensity (e.g., pain level at least 6 on VAS 1-10), such that the patient cannot perform basic activities of daily living (ADLs), such as ambulation, sitting, bathing, transfers.

- Pain must be refractory to conservative measures employed for reasonable periods of time, such as medication management with appropriate titration.
    - Generally, procedures are not medically reasonable and necessary when performed immediately after the fracture occurs. Exceptions will not be allowed unless the medical record establishes a clear rationale for the exception. For example, "adequate pain control impairs basic ADLs" or "is associated with respiratory compromise.
- If pain may be due to one or more conditions, **prior** to any vertebral augmentation procedure, an appropriately comprehensive pain assessment and consequent pain management treatment plan must be instituted. Other probable causes of pain must be reasonably excluded. The treatment plan must begin with the least invasive approach that addresses identified pain generators; potentially, an implantable pump for analgesia or surgical stabilization in a patient with concurrent instability.
- An interval assessment by the proceduralist is an absolute requirement if the procedure is performed by any provider other than the diagnostician who performed the pain assessment and developed the plan of care. The proceduralist must document the rationale for proceeding with treatment in the medical record.
- The medical record must contain a detailed operative procedure narrative report. "Boilerplate" or other non-specific "canned" reports does not fulfill this requirement.
- While treatment of only one to two levels would be anticipated, treatment of no more than three (3) vertebral levels within the range of T1-L5 may be covered and reimbursed during the entire episode of pain caused by or related to an acute compression fracture(s), regardless of the number of fractures. Hence, if more than three acute fractures are present, alternative therapies must be employed. Treatment of three levels may be subject to pre- or post-pay review.
    - Exceptions: steroid-induced osteoporosis and multiple myeloma when conservative measures have been demonstrated to be inadequate in the specific patient and result in the inability to perform basic ADLs.
- Procedures must be performed with real-time CT or fluorscopic imaging guidance, Images of final trocar placement and appearance of the vertebral body at the end of the procedure must be available on request.
- No percutaneous vertebral augmentation procedure, such as sacroplasty, is indicated for treatment of lesions of the sacrum or coccyx. The CPT Category III codes, 0200T and 0201T, are non-covered.

Contraindications

- Absence of a confirmed fracture or fracture more than 4 months unless there is evidence of edema on MRI. Symptoms that cannot be directly related to a specific acute fracture(s).
- Prophylactic treatment for osteoporosis of the spine or for chronic back pain unrelated to compression fractures. All prophylactic procedures will be denied.
- Symptomatic foraminal stenosis, other spinal degenerative disease, facet arthropathy, or other significant coexistent spinal or bony pain generators that account for the predominant portion of the patient's pain. These conditions require treatment before reimbursement for vertebral augmentation procedures may be considered. Following adequate address of other pain generators accounting for most of the patient's pain, residual disabling pain localized to the compression fracture may allow payment for vertebroplasty or vertebral augmentation procedures.
- Investigational procedures such as performance of a vertebral augmentation procedure concurrent with an open spinal surgical procedure.
- Unstable fracture or requirement for stabilization procedure in same or adjacent spinal region.
- Presence of painful metastases to areas other than the spine unless radiotherapy and other conservative measures have failed to relieve the pain due to the compression fracture.
- Presence of any other condition described as a contraindication in the FDA labeling.

Special Considerations

- Bone biopsy done at the same level as Vertebral Augmentation is part of the primary procedure and is not be separately payable consistent with CPT Manual instructions.
- In and of themselves, vertebral augmentation procedures do not require inpatient admission and the procedures do not appear on the Inpatient Only list.

Provider Qualifications

Patient safety and quality of care mandate that healthcare professionals who perform Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy percutaneous vertebral augmentation procedures are appropriately experienced and/or trained to provide and manage the services. The CMS Manual System, Pub. 100-8, Program Integrity Manual, Chapter 13, Section 5.1 underscores this point and states that

"reasonable and necessary" services must be "ordered and/or furnished by qualified personnel." Services will be considered medically reasonable and necessary only if performed by appropriately experienced and/or formally trained providers.

The following training requirement applies only to those providers who have **not** provided these specific interventional pain management services on a regular basis (at least one time per month) during the ten years prior to the effective date of this LCD as may be established by claims billings.

A basic requirement of payment is training and/or credentialing by a formal residency/fellowship program and/or other training program that is accredited by a nationally-recognized body and whose core curriculum includes the performance and management of the procedures addressed in this policy. (Recognized accrediting bodies include only those whose program accreditation gains the trainee eligibility to sit for a healthcare-related licensing exam or licensing itself, which in turn allows the licensee to perform these procedures. At a minimum, training must cover and develop an understanding of anatomy and drug pharmacodynamics and kinetics, the technical performance of the procedure(s) and utilization of the required associated imaging modalities, and the diagnosis and management of potential complications from the intervention.

The following *credentialing* requirement applies to all providers of the services addressed in this policy. If the practitioner works in a hospital facility at any time and/or is credentialed by a hospital for any procedure, the practitioner must be credentialed to perform the same procedure in the outpatient setting.

Summary of Evidence

Due to changes in the processes for claims review and company limitations by Noridian, the Contractor can no longer require enrollment and monitoring of such enrollment in a registry as indicated by this policy. Data collection for this procedure is still very important for outcomes research in general, but the policy requirement for enrollment in a registry is removed.

Analysis of Evidence
(Rationale for Determination)

N/A

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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.

011x Hospital Inpatient (Including Medicare Part A)
012x Hospital Inpatient (Medicare Part B only)
013x Hospital Outpatient
022x Skilled Nursing - Inpatient (Medicare Part B only)
023x Skilled Nursing - Outpatient
071x Clinic - Rural Health
072x Clinic - Hospital Based or Independent Renal Dialysis Center
085x Critical Access Hospital

999x Not Applicable

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.

032X Radiology - Diagnostic - General Classification
033X Radiology - Therapeutic and/or Chemotherapy Administration - General Classification
036X Operating Room Services - General Classification
040X Other Imaging Services - General Classification
045X Emergency Room - General Classification
049X Ambulatory Surgical Care - General Classification
050X Outpatient Services - General Classification
051X Clinic - General Classification
076X Specialty Services - General Classification
096X Professional Fees - General Classification

CPT/HCPCS Codes
Group 1 Paragraph: N/A

Group 1 Codes:

22510 PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING GUIDANCE; CERVICOTHORACIC

22511 PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING GUIDANCE; LUMBOSACRAL

22512 PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING GUIDANCE; EACH ADDITIONAL CERVICOTHORACIC OR LUMBOSACRAL VERTEBRAL BODY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

22513 PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (EG, KYPHOPLASTY), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION, INCLUSIVE OF ALL IMAGING GUIDANCE; THORACIC

22514 PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (EG, KYPHOPLASTY), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION, INCLUSIVE OF ALL IMAGING GUIDANCE; LUMBAR

22515 PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (EG, KYPHOPLASTY), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION, INCLUSIVE OF ALL IMAGING GUIDANCE; EACH ADDITIONAL THORACIC OR LUMBAR VERTEBRAL BODY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

Group 2 Paragraph:
The following procedure codes are non-covered, regardless of diagnosis.

Group 2 Codes:

0200T PERCUTANEOUS SACRAL AUGMENTATION (SACROPLASTY), UNILATERAL INJECTION(S), INCLUDING THE USE OF A BALLOON OR MECHANICAL DEVICE, WHEN USED, 1 OR MORE NEEDLES, INCLUDES IMAGING GUIDANCE AND BONE BIOPSY, WHEN PERFORMED

0201T PERCUTANEOUS SACRAL AUGMENTATION (SACROPLASTY), BILATERAL INJECTIONS, INCLUDING THE USE OF A BALLOON OR MECHANICAL DEVICE, WHEN USED, 2 OR MORE NEEDLES, INCLUDES IMAGING GUIDANCE AND BONE BIOPSY, WHEN PERFORMED

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:
Note: Diagnosis codes are based on the current ICD-10-CM codes that are effective at the time of LCD publication. Any updates to ICD-10-CM codes will be reviewed by Noridian, and coverage should not be presumed until the results of such review have been published/posted.

Two codes are required to describe the medical necessity of the procedure: one for the compression fracture and one to indicate pain. These are the **only** covered ICD-10-CM codes that support medical necessity:

Group 1: Compression fracture

Group 1 Codes:

ICD-10 Codes	Description
M48.53XA	Collapsed vertebra, not elsewhere classified, cervicothoracic region, initial encounter for fracture
M48.53XD	Collapsed vertebra, not elsewhere classified, cervicothoracic region, subsequent encounter for fracture with routine healing
M48.53XG	Collapsed vertebra, not elsewhere classified, cervicothoracic region, subsequent encounter for fracture with delayed healing
M48.53XS	Collapsed vertebra, not elsewhere classified, cervicothoracic region, sequela of fracture
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
M48.57XA	Collapsed vertebra, not elsewhere classified, lumbosacral region, initial encounter for fracture
M48.57XD	Collapsed vertebra, not elsewhere classified, lumbosacral region, subsequent encounter for fracture with routine healing
M48.57XG	Collapsed vertebra, not elsewhere classified, lumbosacral region, subsequent encounter for fracture with delayed healing
M48.57XS	Collapsed vertebra, not elsewhere classified, lumbosacral 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
M80.88XA	Other osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture
M80.88XD	Other osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with routine healing
M80.88XG	Other osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with delayed healing
M80.88XK	Other osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with nonunion

ICD-10 Codes	Description
M80.88XP	Other osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with malunion
M80.88XS	Other 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
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
M84.68XA	Pathological fracture in other disease, other site, initial encounter for fracture
M84.68XD	Pathological fracture in other disease, other site, subsequent encounter for fracture with routine healing
M84.68XG	Pathological fracture in other disease, other site, subsequent encounter for fracture with delayed healing
M84.68XK	Pathological fracture in other disease, other site, subsequent encounter for fracture with nonunion
M84.68XP	Pathological fracture in other disease, other site, subsequent encounter for fracture with malunion
M84.68XS	Pathological fracture in other disease, other site, sequela
S22.010A	Wedge compression fracture of first thoracic vertebra, initial encounter for closed fracture
S22.010B	Wedge compression fracture of first thoracic vertebra, initial encounter for open 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
S22.011A	Stable burst fracture of first thoracic vertebra, initial encounter for closed fracture
S22.011B	Stable burst fracture of first thoracic vertebra, initial encounter for open fracture
S22.011D	Stable burst fracture of first thoracic vertebra, subsequent encounter for fracture with routine healing
S22.011G	Stable burst fracture of first thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.011K	Stable burst fracture of first thoracic vertebra, subsequent encounter for fracture with nonunion
S22.011S	Stable burst fracture of first thoracic vertebra, sequela
S22.018A	Other fracture of first thoracic vertebra, initial encounter for closed fracture
S22.018B	Other fracture of first thoracic vertebra, initial encounter for open fracture
S22.018D	Other fracture of first thoracic vertebra, subsequent encounter for fracture with routine healing
S22.018G	Other fracture of first thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.018K	Other fracture of first thoracic vertebra, subsequent encounter for fracture with nonunion
S22.018S	Other fracture of first thoracic vertebra, sequela
S22.020A	Wedge compression fracture of second thoracic vertebra, initial encounter for closed fracture
S22.020B	Wedge compression fracture of second thoracic vertebra, initial encounter for open 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
S22.021A	Stable burst fracture of second thoracic vertebra, initial encounter for closed fracture
S22.021B	Stable burst fracture of second thoracic vertebra, initial encounter for open fracture
S22.021D	Stable burst fracture of second thoracic vertebra, subsequent encounter for fracture with routine healing
S22.021G	Stable burst fracture of second thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.021K	Stable burst fracture of second thoracic vertebra, subsequent encounter for fracture with nonunion

ICD-10 Codes	Description
S22.021S	Stable burst fracture of second thoracic vertebra, sequela
S22.028A	Other fracture of second thoracic vertebra, initial encounter for closed fracture
S22.028B	Other fracture of second thoracic vertebra, initial encounter for open fracture
S22.028D	Other fracture of second thoracic vertebra, subsequent encounter for fracture with routine healing
S22.028G	Other fracture of second thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.028K	Other fracture of second thoracic vertebra, subsequent encounter for fracture with nonunion
S22.028S	Other fracture of second thoracic vertebra, sequela
S22.030A	Wedge compression fracture of third thoracic vertebra, initial encounter for closed fracture
S22.030B	Wedge compression fracture of third thoracic vertebra, initial encounter for open 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
S22.031A	Stable burst fracture of third thoracic vertebra, initial encounter for closed fracture
S22.031B	Stable burst fracture of third thoracic vertebra, initial encounter for open fracture
S22.031D	Stable burst fracture of third thoracic vertebra, subsequent encounter for fracture with routine healing
S22.031G	Stable burst fracture of third thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.031K	Stable burst fracture of third thoracic vertebra, subsequent encounter for fracture with nonunion
S22.031S	Stable burst fracture of third thoracic vertebra, sequela
S22.038A	Other fracture of third thoracic vertebra, initial encounter for closed fracture
S22.038B	Other fracture of third thoracic vertebra, initial encounter for open fracture
S22.038D	Other fracture of third thoracic vertebra, subsequent encounter for fracture with routine healing
S22.038G	Other fracture of third thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.038K	Other fracture of third thoracic vertebra, subsequent encounter for fracture with nonunion
S22.038S	Other fracture of third thoracic vertebra, sequela
S22.040A	Wedge compression fracture of fourth thoracic vertebra, initial encounter for closed fracture
S22.040B	Wedge compression fracture of fourth thoracic vertebra, initial encounter for open 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
S22.041A	Stable burst fracture of fourth thoracic vertebra, initial encounter for closed fracture
S22.041B	Stable burst fracture of fourth thoracic vertebra, initial encounter for open fracture
S22.041D	Stable burst fracture of fourth thoracic vertebra, subsequent encounter for fracture with routine healing
S22.041G	Stable burst fracture of fourth thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.041K	Stable burst fracture of fourth thoracic vertebra, subsequent encounter for fracture with nonunion
S22.041S	Stable burst fracture of fourth thoracic vertebra, sequela
S22.048A	Other fracture of fourth thoracic vertebra, initial encounter for closed fracture
S22.048B	Other fracture of fourth thoracic vertebra, initial encounter for open fracture
S22.048D	Other fracture of fourth thoracic vertebra, subsequent encounter for fracture with routine healing
S22.048G	Other fracture of fourth thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.048K	Other fracture of fourth thoracic vertebra, subsequent encounter for fracture with nonunion
S22.048S	Other fracture of fourth thoracic vertebra, sequela
S22.050A	Wedge compression fracture of T5-T6 vertebra, initial encounter for closed fracture
S22.050B	Wedge compression fracture of T5-T6 vertebra, initial encounter for open 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

ICD-10 Codes	Description
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
S22.051A	Stable burst fracture of T5-T6 vertebra, initial encounter for closed fracture
S22.051B	Stable burst fracture of T5-T6 vertebra, initial encounter for open fracture
S22.051D	Stable burst fracture of T5-T6 vertebra, subsequent encounter for fracture with routine healing
S22.051G	Stable burst fracture of T5-T6 vertebra, subsequent encounter for fracture with delayed healing
S22.051K	Stable burst fracture of T5-T6 vertebra, subsequent encounter for fracture with nonunion
S22.051S	Stable burst fracture of T5-T6 vertebra, sequela
S22.058A	Other fracture of T5-T6 vertebra, initial encounter for closed fracture
S22.058B	Other fracture of T5-T6 vertebra, initial encounter for open fracture
S22.058D	Other fracture of T5-T6 vertebra, subsequent encounter for fracture with routine healing
S22.058G	Other fracture of T5-T6 vertebra, subsequent encounter for fracture with delayed healing
S22.058K	Other fracture of T5-T6 vertebra, subsequent encounter for fracture with nonunion
S22.058S	Other fracture of T5-T6 vertebra, sequela
S22.060A	Wedge compression fracture of T7-T8 vertebra, initial encounter for closed fracture
S22.060B	Wedge compression fracture of T7-T8 vertebra, initial encounter for open fracture
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
S22.061A	Stable burst fracture of T7-T8 vertebra, initial encounter for closed fracture
S22.061B	Stable burst fracture of T7-T8 vertebra, initial encounter for open fracture
S22.061D	Stable burst fracture of T7-T8 vertebra, subsequent encounter for fracture with routine healing
S22.061G	Stable burst fracture of T7-T8 vertebra, subsequent encounter for fracture with delayed healing
S22.061K	Stable burst fracture of T7-T8 vertebra, subsequent encounter for fracture with nonunion
S22.061S	Stable burst fracture of T7-T8 vertebra, sequela
S22.068A	Other fracture of T7-T8 thoracic vertebra, initial encounter for closed fracture
S22.068B	Other fracture of T7-T8 thoracic vertebra, initial encounter for open fracture
S22.068D	Other fracture of T7-T8 thoracic vertebra, subsequent encounter for fracture with routine healing
S22.068G	Other fracture of T7-T8 thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.068K	Other fracture of T7-T8 thoracic vertebra, subsequent encounter for fracture with nonunion
S22.068S	Other fracture of T7-T8 thoracic vertebra, sequela
S22.070A	Wedge compression fracture of T9-T10 vertebra, initial encounter for closed fracture
S22.070B	Wedge compression fracture of T9-T10 vertebra, initial encounter for open 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
S22.071A	Stable burst fracture of T9-T10 vertebra, initial encounter for closed fracture
S22.071B	Stable burst fracture of T9-T10 vertebra, initial encounter for open fracture
S22.071D	Stable burst fracture of T9-T10 vertebra, subsequent encounter for fracture with routine healing
S22.071G	Stable burst fracture of T9-T10 vertebra, subsequent encounter for fracture with delayed healing
S22.071K	Stable burst fracture of T9-T10 vertebra, subsequent encounter for fracture with nonunion
S22.071S	Stable burst fracture of T9-T10 vertebra, sequela
S22.078A	Other fracture of T9-T10 vertebra, initial encounter for closed fracture
S22.078B	Other fracture of T9-T10 vertebra, initial encounter for open fracture
S22.078D	Other fracture of T9-T10 vertebra, subsequent encounter for fracture with routine healing
S22.078G	Other fracture of T9-T10 vertebra, subsequent encounter for fracture with delayed healing
S22.078K	Other fracture of T9-T10 vertebra, subsequent encounter for fracture with nonunion
S22.078S	Other fracture of T9-T10 vertebra, sequela
S22.080A	Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture
S22.080B	Wedge compression fracture of T11-T12 vertebra, initial encounter for open fracture
S22.080D	Wedge compression fracture of T11-T12 vertebra, subsequent encounter for fracture with routine healing

ICD-10 Codes	Description
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
S22.081A	Stable burst fracture of T11-T12 vertebra, initial encounter for closed fracture
S22.081B	Stable burst fracture of T11-T12 vertebra, initial encounter for open fracture
S22.081D	Stable burst fracture of T11-T12 vertebra, subsequent encounter for fracture with routine healing
S22.081G	Stable burst fracture of T11-T12 vertebra, subsequent encounter for fracture with delayed healing
S22.081K	Stable burst fracture of T11-T12 vertebra, subsequent encounter for fracture with nonunion
S22.081S	Stable burst fracture of T11-T12 vertebra, sequela
S22.088A	Other fracture of T11-T12 vertebra, initial encounter for closed fracture
S22.088B	Other fracture of T11-T12 vertebra, initial encounter for open fracture
S22.088D	Other fracture of T11-T12 vertebra, subsequent encounter for fracture with routine healing
S22.088G	Other fracture of T11-T12 vertebra, subsequent encounter for fracture with delayed healing
S22.088K	Other fracture of T11-T12 vertebra, subsequent encounter for fracture with nonunion
S22.088S	Other fracture of T11-T12 vertebra, sequela
S32.010A	Wedge compression fracture of first lumbar vertebra, initial encounter for closed fracture
S32.010B	Wedge compression fracture of first lumbar vertebra, initial encounter for open 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
S32.011A	Stable burst fracture of first lumbar vertebra, initial encounter for closed fracture
S32.011B	Stable burst fracture of first lumbar vertebra, initial encounter for open fracture
S32.011D	Stable burst fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
S32.011G	Stable burst fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.011K	Stable burst fracture of first lumbar vertebra, subsequent encounter for fracture with nonunion
S32.011S	Stable burst fracture of first lumbar vertebra, sequela
S32.018A	Other fracture of first lumbar vertebra, initial encounter for closed fracture
S32.018B	Other fracture of first lumbar vertebra, initial encounter for open fracture
S32.018D	Other fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
S32.018G	Other fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.018K	Other fracture of first lumbar vertebra, subsequent encounter for fracture with nonunion
S32.018S	Other fracture of first lumbar vertebra, sequela
S32.020A	Wedge compression fracture of second lumbar vertebra, initial encounter for closed fracture
S32.020B	Wedge compression fracture of second lumbar vertebra, initial encounter for open 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
S32.021A	Stable burst fracture of second lumbar vertebra, initial encounter for closed fracture
S32.021B	Stable burst fracture of second lumbar vertebra, initial encounter for open fracture
S32.021D	Stable burst fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
S32.021G	Stable burst fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.021K	Stable burst fracture of second lumbar vertebra, subsequent encounter for fracture with nonunion
S32.021S	Stable burst fracture of second lumbar vertebra, sequela
S32.028A	Other fracture of second lumbar vertebra, initial encounter for closed fracture
S32.028B	Other fracture of second lumbar vertebra, initial encounter for open fracture

ICD-10 Codes	Description
S32.028D	Other fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
S32.028G	Other fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.028K	Other fracture of second lumbar vertebra, subsequent encounter for fracture with nonunion
S32.028S	Other fracture of second lumbar vertebra, sequela
S32.030A	Wedge compression fracture of third lumbar vertebra, initial encounter for closed fracture
S32.030B	Wedge compression fracture of third lumbar vertebra, initial encounter for open 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
S32.031A	Stable burst fracture of third lumbar vertebra, initial encounter for closed fracture
S32.031B	Stable burst fracture of third lumbar vertebra, initial encounter for open fracture
S32.031D	Stable burst fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
S32.031G	Stable burst fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.031K	Stable burst fracture of third lumbar vertebra, subsequent encounter for fracture with nonunion
S32.031S	Stable burst fracture of third lumbar vertebra, sequela
S32.038A	Other fracture of third lumbar vertebra, initial encounter for closed fracture
S32.038B	Other fracture of third lumbar vertebra, initial encounter for open fracture
S32.038D	Other fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
S32.038G	Other fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.038K	Other fracture of third lumbar vertebra, subsequent encounter for fracture with nonunion
S32.038S	Other fracture of third lumbar vertebra, sequela
S32.040A	Wedge compression fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.040B	Wedge compression fracture of fourth lumbar vertebra, initial encounter for open 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
S32.041A	Stable burst fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.041B	Stable burst fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.041D	Stable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.041G	Stable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.041K	Stable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.041S	Stable burst fracture of fourth lumbar vertebra, sequela
S32.048A	Other fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.048B	Other fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.048D	Other fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.048G	Other fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.048K	Other fracture of fourth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.048S	Other fracture of fourth lumbar vertebra, sequela
S32.050A	Wedge compression fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.050B	Wedge compression fracture of fifth lumbar vertebra, initial encounter for open 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
S32.050K	Wedge compression fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.050S	Wedge compression fracture of fifth lumbar vertebra, sequela

ICD-10 Codes	Description
S32.051A	Stable burst fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.051B	Stable burst fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.051D	Stable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.051G	Stable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.051K	Stable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.051S	Stable burst fracture of fifth lumbar vertebra, sequela
S32.058A	Other fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.058B	Other fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.058D	Other fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.058G	Other fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.058K	Other fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.058S	Other fracture of fifth lumbar vertebra, sequela

Group 2 Paragraph:

Group 2: Pain, thoracic or lumbar spine:

Group 2 Codes:

ICD-10 Codes	Description
M54.5	Low back pain
M54.6	Pain in thoracic spine
M54.89	Other dorsalgia
M54.9	Dorsalgia, unspecified

ICD-10 Codes that DO NOT Support Medical Necessity
Group 1 Paragraph:

All diagnoses **not** listed in this policy under ICD-10-CM Codes that Support Medical Necessity above.

Group 1 Codes: N/A

ICD-10 Additional Information Back to Top

General Information

Associated Information
All the documentation requirements described in the Indications section of this LCD must be met. The most important clinical information – information that must be unequivocally documented in the medical record – is that one or more but less than four **acute and painful vertebral compression** fractures is/are present and that the patient's pain is predominantly, if not solely, related to the demonstrated fracture(s).

This final LCD, effective 10/01/2015, combines JFA L34168 into the JFB LCD so that both JFA and JFB contract numbers will have the same final MCD LCD number.

Sources of Information
N/A
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159. Other carriers' medical policies
160. Noridian Carrier Advisory Committee Members and the Part A Pain workgroup.

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Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2015	R6	01/18/18-At this time 21st 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. In Coverage Indications, Limitations and/or Medical Necessity, removal of: • The medical record must contain assessment of patient condition and response to treatment at one month, three months and 6 months post procedure unless the patient is enrolled in a registry. Telephone follow up with documentation of outcomes is acceptable. Documentation of at least two (2) unsuccessful and reasonable attempts to contact the patient may substitute for the 3 or 6 moth follow up evaluations.	• Other (New/Change to audit direction)

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		• Enrollment in a registry with an outcomes documentation schedule consistent with that described in this LCD is an acceptable substitute for medical records' follow up documentation. Any acceptable registry must be compliant with the principles established in the AHRQ's "Registries for Evaluating Patient Outcomes: A User's Guide". (See bibliography.) Noridian knows of one such registry currently available for enrollment. • The link to the registry is: http://www.benchmarkmedical.com/VCF Registry/ This homepage describes the registry as well as registration resources.	
10/01/2015	R5	This final LCD, effective 10/01/2015, combines JFA L34168 into the JFB LCD so that both JFA and JFB contract numbers will have the same final MCD LCD number.	• Other (This final LCD, effective 10/01/2015, combines JFA L34168 into the JFB LCD so that both JFA and JFB contract numbers will have the same final MCD LCD number.)
10/01/2015	R4	LCD revised to add 178 ICD codes in Group 1 to be consistent with this policy in JFA. Information in the Coverage Indications, Limitations and/or Medical Necessity and in the Documentation Requirements portions of the LCD was not changed.	• Revisions Due To ICD -10-CM Code Changes
10/01/2015	R3	The LCD is revised to correct the link to the VCF registry.	• Other (Correct the link to the VCF Registry referenced in the LCD.)
10/01/2015	R2	The LCD is revised to remove the deleted CPT codes 22520, 22521, 22522, 22523, 22524, 22525, 72291, 72292 and replaced with 22510, 22511, 22512, 22513, 22514 and 22515.	• Revisions Due To CPT/HCPCS Code Changes
10/01/2015	R1	This LCD is renamed to "Percutaneous Vertebral Augmentation" for the comment period ending 3/4/2014. The original LCD title was "Vertebroplasty, Vertebral Augmentation; Percutaneous".	• Provider Education/Guidance • Creation of Uniform LCDs Within a MAC Jurisdiction

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Associated Documents

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

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