

Part B Insider (Multispecialty) Coding Alert

COVERAGE: Carriers Advance Coverage For Kyphoplasty, Vertebroplasty

You shouldn't bill for bone biopsy alongside kyphoplasty

If you've been trying to bill for percutaneous kyphoplasty, your life may be getting easier soon.

Part B carrier **Adminastar Federal** has a draft local coverage determination open for comments until April 1 on vertebroplasty and kyphoplasty. The policy represents "a great step forward," especially for kyphoplasty, a relatively new procedure, says **Jeff Fulkerson**, senior certified coder in the radiology department of **Emory Health Care** in Stockbridge, GA.

Adminastar will cover vertebroplasty for a laundry list of conditions, including osteoporotic or osteolytic vertebral compression fractures; osteolytic metastasis or multiple myeloma, with severe back pain related to destruction of the vertebral body; painful or aggressive hemangiomas; painful vertebral fracture associated with osteonecrosis; or the need to reinforce or stabilize the spine prior to surgery.

By contrast, Adminastar will only cover kyphoplasty for two indications: a recent osteoporotic compression fracture of the lumbar or thoracic vertebrae with persistent debilitating pain that hasn't responded to treatment; or multiple myeloma or osteolytic metastatic disease leading to osteolytic vertebral collapse.

"Kyphoplasty is moving into the light," Fulkerson celebrates.

Some other carriers have already finalized LCDs that go further. **Cahaba GBA** and **First Coast Service Options** cover more diagnoses for kyphoplasty, and **Wisconsin Physicians Service Insurance Corp.** issued one policy for both kyphoplasty and vertebroplasty that covers both procedures for a long list of diagnoses similar to Adminastar's vertebroplasty coverage list.

The ideal: Carriers ought to cover both vertebroplasty and kyphoplasty for the same list of conditions, Fulkerson says. Some patients may tolerate vertebroplasty but not kyphoplasty, which is more invasive, he notes. Kyphoplasty involves drilling into the patient's spine and inserting a balloon catheter, then blowing it up. Some patients in a "fragile state" may not be able to handle such an invasive procedure, he adds.

Separately, **Cigna Medicare** put out a new medical review "Frequently Asked Questions" file about kyphoplasty for vertebral compression fracture surgery. Like other carriers, Cigna tells providers to use unlisted code [22899](#) for the procedure.

But Cigna won't separately pay for a bone biopsy along with kyphoplasty, unless it is a separately identifiable service. Providers sometimes bill bone biopsy codes 20225-20251 for casting or bone removal to create a cavity for tamp insertion in the spine, but Cigna says this is inappropriate.