

Outpatient Facility Coding Alert

Spine View: Refine Your Vertebroplasty Billing with 22511

Use 22511 for all forms of imaging studies.

Last year, CPT® added new code 22511 (Percutaneous vertebroplasty [bone biopsy included when performed], 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral) for percutaneous vertebroplasty, the surgical repair of a fractured lumbosacral vertebra, including the injection of bone cement on one or both sides through the skin.

Important: The procedure code also includes radiology guidance, so you don't report that separately.

Physicians perform vertebroplasty where the lumbar and sacral spine meet just above the tailbone, or coccyx. Vertebroplasty services have the following six codes that represent the services based on the number of vertebral bodies treated and the spinal area.

Note that each code represents both unilateral and bilateral injections:

- 22510 □ Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
- 22511 □ ... lumbosacral
- +22512 □ ... 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 (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic
- 22514 □ ... lumbar
- +22515 □ ... each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure).