

CPT Code	Description	Total Medicare RVUs		Global Period
		Facility	Non-Facility	
<b>Kyphoplasty &amp; Related Codes</b>				
22523	<b>Percutaneous vertebral augmentation</b> , including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, <b>one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic</b>	16.21	16.21	010
22524	<b>Percutaneous vertebral augmentation</b> , including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, <b>one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar</b>	15.52	15.52	010
22525	<b>Percutaneous vertebral augmentation</b> , including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, <b>one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body</b>	7.27	7.27	ZZZ
<b>Vertebroplasty</b>				
22520	<b>Percutaneous vertebroplasty, one vertebral body</b> , unilateral or bilateral injection; <b>thoracic</b>	15.73	63.60	010
22521	<b>Percutaneous vertebroplasty, one vertebral body</b> , unilateral or bilateral injection; <b>lumbar</b>	14.85	60.65	010
22522	<b>Percutaneous vertebroplasty, one vertebral body</b> , unilateral or bilateral injection; <b>each additional thoracic or lumbar vertebral body</b>	6.71	6.71	ZZZ
<b>Radiologic Imaging for Vetebroplasty &amp; Kyphoplasty</b>				
72291	Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, <b>per vertebral body; under fluoroscopic guidance</b>	0.00	0.00	XXX
72292	Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, <b>per vertebral body; under CT guidance</b>	0.00	0.00	XXX
<b>IDET</b>				
22526	<b>Percutaenous intradiscal electrothermal annuloplasty</b> , unilateral or bilateral including fluoroscopic guidance; <b>single level</b>	9.27	53.90	010
22527	<b>Percutaenous intradiscal electrothermal annuloplasty</b> , unilateral or bilateral including fluoroscopic guidance; <b>one or more additional levels (add-on code)</b>	4.31	43.96	ZZZ
0062T	<b>Percutaneous intradiscal annuloplasty, any method except electrothermal</b> , unilateral or bilateral including fluoroscopic guidance; <b>single level</b>	0.00	0.00	XXX
0063T	<b>Percutaneous intradiscal annuloplasty, any method except electrothermal</b> , unilateral or bilateral including fluoroscopic guidance; <b>1 or more additional levels</b>	0.00	0.00	XXX

Professional component only (modifier 26)

Professional component only (modifier 26)

<b>Modifiers</b>	
22	Increased Procedural Services (increased difficulty)
24	Unrelated E&M Services During a Postoperative Period (append to E/M code)
25	Separate E&M Services on the Same Day of a Procedure (append to E/M code)
50	Bilateral Procedure
51	Multiple Procedures
52	Reduced Services
53	Discontinued Procedure
58	Staged or related procedure during post op period
59	Distinct procedure