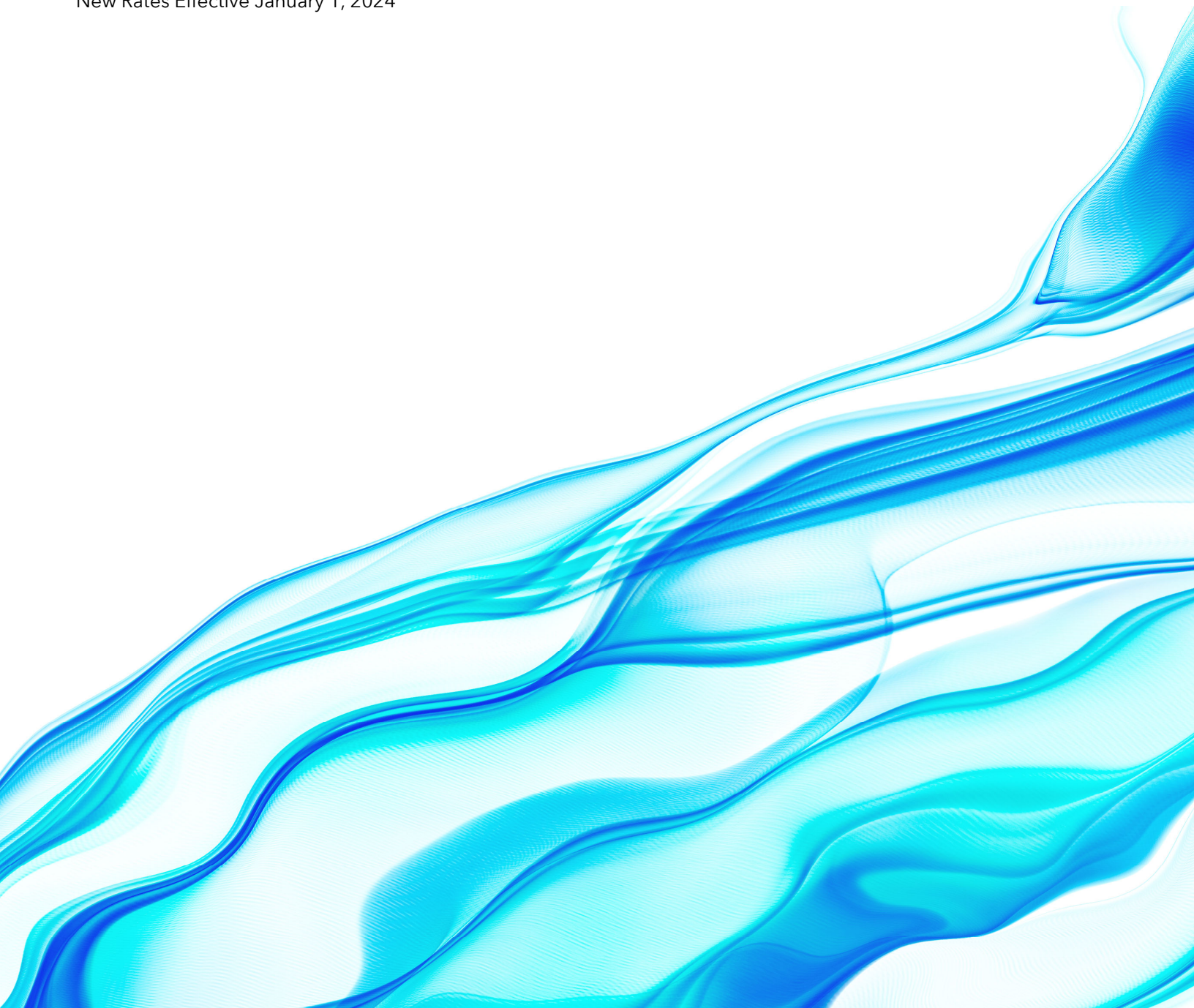


Pain Interventions Reimbursement

CMS CY2024 Final Rules for Hospital Outpatient, Ambulatory Surgical Center and Physician Payments

New Rates Effective January 1, 2024



Summary

The Centers for Medicare & Medicaid Services (CMS) provides annual updates to their payment systems for outpatient, ambulatory surgery centers, and physician services. The information provided in this document provides therapy specific final payment rates for CY24 with comparisons to CY24 payment rates.

Disclaimer

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References

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Medicare 2024 Hospital Outpatient Payment Rates

1. Medicare national average payment is determined by multiplying the APC weight by the conversion factor. The final conversion factor for 2023 is \$85.585 as published in CMS Accessed November 1st, 2022. The conversion factor of \$85.585 assumes that hospitals meet reporting requirements of the Hospital Outpatient Quality Data Reporting Program. Medicare Program: Hospital Outpatient Prospective Payment System Final Rule; CMS-1772-FC. Office of the Federal Register website. Centers for Medicare & Medicaid Services Page. <https://www.cms.gov/files/document/cy2023-hospital-outpatient-prospective-payment-system-and-ambulatory-surgical-center-final-rule.pdf>. Accessed November 1st, 2022.

2. Medicare national average payment is determined by multiplying the APC weight by the conversion factor. The final conversion factor for 2024 is \$ \$87.382 as published in CMS Accessed November 2nd, 2023. The conversion factor of \$87.382 assumes that hospitals meet reporting requirements of the Hospital Outpatient Quality Data Reporting Program. Medicare Program: Hospital Outpatient Prospective Payment System Final Rule; CMS- Office of the Federal Register website. Centers for Medicare & Medicaid Services Page. <https://www.federalregister.gov/d/2023-24293>. Accessed November 2nd, 2023.

Medicare 2024 Ambulatory Surgical Center Payment Rates

1. Medicare Program: Hospital Outpatient Prospective Payment & ASC Payment Systems Final Rule; CMS-1772-FC Office of the Federal Register website. Centers for Medicare & Medicaid Services Page <https://www.cms.gov/files/document/cy2023-hospital-outpatient-prospective-payment-system-and-ambulatory-surgical-center-final-rule.pdf>. Accessed November 1st, 2022.

2. Medicare Program: Hospital Outpatient Prospective Payment & ASC Payment Systems Final Rule; CMS-1786-F. Office of the Federal Register website. Centers for Medicare & Medicaid Services Page <https://www.federalregister.gov/d/2023-24293>. Accessed November 2nd, 2023.

Medicare 2024 Physician Payment Rates

1. Medicare Physician Fee Schedule Final Rule; CMS-1770-F. Centers for Medicare & Medicaid Services Page. Office of the Federal Register website. <https://www.cms.gov/files/document/cy2023-physician-fee-schedule-final-rule-cms-1770f.pdf>. Accessed November 2nd, 2022.

2. Medicare Physician Fee Schedule Final Rule; CMS-1784-F. Centers for Medicare & Medicaid Services Page. Office of the Federal Register website. <https://www.federalregister.gov/d/2023-24184>. Accessed November 2nd, 2023.

Hospital Outpatient Rule

Medicare 2024 Hospital Outpatient Payment Rates - Spinal Cord Stimulation

Neurostimulation Therapy (National Average)

PROCEDURE	CPT	FINAL 2023 APC	FINAL 2023 OPPS PAYMENT ¹	FINAL 2024 APC	FINAL 2024 OPPS PAYMENT ²	\$ CHANGE	% CHANGE
SINGLE PERC LEAD TRIAL							
SCS perc lead implant	63650	5462	\$6,604	5462	\$6,523		
Total			\$6,604		\$6,523	\$ (81)	-1%
DUAL PERC LEAD TRIAL							
SCS perc lead implant	63650	5462	\$6,604	5462	\$6,523		
SCS perc lead implant	63650						
Total			\$6,604		\$6,523	\$ (81)	-1%
IPG INSERTION OR REPLACEMENT							
SCS INS implant (rechargeable and non-rechargeable)	63685	5465	\$29,358	5465	\$29,617		
Programming, cmplx (first hour)	95972						
Total			\$29,358		\$29,617	\$ 259	1%
FULL IMPLANT-SINGLE PERC							
SCS INS implant (rechargeable and non-rechargeable)	63685	5465	\$29,358	5465	\$29,617		
SCS perc lead implant	63650						
Programming, cmplx (first hour)	95972						
Total			\$29,358		\$29,617	\$ 259	1%
FULL IMPLANT-DUAL PERC							
SCS INS implant (rechargeable and non-rechargeable)	63685	5465	\$29,358	5465	\$29,617		
SCS perc lead implant	63650						
SCS perc lead implant	63650						
Programming, cmplx (first hour)	95972						
Total			\$29,358		\$29,617	\$ 259	1%
SINGLE SURGICAL PADDLE LEAD							
SCS lami lead implant	63655	5464	\$21,515	5464	\$20,865		
Total			\$21,515		\$20,865	\$ (651)	-3%
FULL IMPLANT WITH SURGICAL PADDLE LEAD							
SCS INS implant (rechargeable and non-rechargeable)	63685	5465	\$29,358	5465	\$29,617		
SCS lami lead implant	63655						
Programming, cmplx (first hour)	95972						
Total			\$29,358		\$29,617	\$ 259	1%

Medicare 2024 Hospital Outpatient Payment Rates - Targeted Drug Delivery

Targeted Drug Delivery (National Average)

PROCEDURE	CPT	FINAL 2023 APC	FINAL 2023 OPPS PAYMENT ¹	FINAL 2024 APC	FINAL 2024 OPPS PAYMENT ²	\$ CHANGE	% CHANGE
TRIAL (SINGLE DAY)							
Inject spine l/s (cd) w/o imaging guidance	62322	5443	\$852	5443	\$869	\$17	2%
Inject spine l/s (cd) w/ imaging guidance (i.e., fluoroscopy or CT)	62323	5442	\$644	5442	\$660	\$15	2%
TRIAL (MULTIPLE DAY)							
Inject spine w/cath l/s (cd) w/o imaging guidance	62326	5443	\$852	5443	\$869	\$17	2%
Inject spine w/cath l/s (cd) w/ imaging guidance (i.e., fluoroscopy of CT)	62323	5442	\$644	5442	\$660	\$15	2%
FULL SYSTEM IMPLANT							
Pump implant - programmable	62362	5471	\$16,938	5471	\$17,010		
Catheter implant	62350						
Total			\$16,938		\$17,010	\$ 72	0.4%
CATHETER IMPLANT							
Catheter implant	62350	5432	\$6,179	5432	\$6,354		
Total			\$6,179		\$6,354	\$ 175	3%
PUMP INSERT ONLY - IMPLANT & REPLACEMENT							
Pump implant - programmable	62362	5471	\$16,938	5471	\$17,010		
Total			\$16,938		\$17,010	\$ 72	0.4%
REFILL/PROGRAMMING/ANALYSIS							
Analysis w/o reprogramming or refill	62367	5743	\$277	5743	\$285	\$8	3%
Analysis w/ reprogramming	62368	5743	\$277	5743	\$285	\$8	3%
Programming and refill by nurse	62369	5743	\$277	5743	\$285	\$8	3%
Programming and refill by physician	62370	5743	\$277	5743	\$285	\$ 8	3%
CATHETER DYE STUDY							
Puncture of reservoir for injection procedure	61070	5442	\$644	5442	\$660	\$ 15	2%

Medicare 2024 Hospital Outpatient Payment Rates - RF Ablation

RF Ablation (National Average)

PROCEDURE	CPT	FINAL 2023 APC	FINAL 2023 OPPS PAYMENT ¹	FINAL 2024 APC	FINAL 2024 OPPS PAYMENT ²	\$ CHANGE	% CHANGE
CERVICAL/THORACIC							
Destruction, cervical or thoracic, paravertebral facet joint nerve(s), single facet joint	64633	5431	\$1,798	5431	\$1,842	\$44	2%
Destruction, cervical or thoracic, paravertebral facet joint nerve(s), each additional	64634	N/A	N/A	N/A	N/A	NA	N/A
LUMBAR/SACRAL							
Destruction, lumbar or sacral, paravertebral facet joint nerve(s), single facet joint	64635	5431	\$1,798	5431	\$1,842	\$44	2%
Destruction, lumbar or sacral, paravertebral facet joint nerve(s), each additional	64636	N/A	N/A	N/A	N/A	NA	NA
PERIPHERAL/GENICULAR/SI JOINT							
Destruction by neurolytic agent, other peripheral nerve or branch	64640	5443	\$852	5443	\$869	\$17	2%
Unlisted procedure, nervous system	64999	5441	\$272	5441	\$282	\$11	4%
Genicular nerve branch destruction by neurolytic agent, including imaging guidance	64624	5431	\$1,798	5431	\$1,842	\$44	2%
Radiofrequency ablation of nerves innervating the SI joint, with imaging guidance	64625	5431	\$1,798	5431	\$1,842	\$44	2%

Medicare 2024 Hospital Outpatient Payment Rates - Interventional
Interventional (National Average)

PROCEDURE	CPT	FINAL 2023 APC	FINAL 2023 OPPS PAYMENT ¹	FINAL 2024 APC	FINAL 2024 OPPS PAYMENT ²	\$ CHANGE	% CHANGE
OSTEOCOOL / VERTEBROPLASTY (VP) / KYPHOPLASTY (BKP)							
Vertebroplasty (VP)	22510/ 22511	5113	\$2,977	5113	\$3,087	\$111	4%
Kyphoplasty (BKP)	22513/ 22514	5114	\$6,615	5114	\$6,823	\$209	3%
OsteoCool RF Ablation	20982	5114	\$6,615	5115	\$12,553	\$5,938	90%
Combined VP lumbosacral + RF	22511 + 20982	5115	\$13,048	5115	\$12,553	(\$495)	-4%
Combined VP Cervicothoracic + RF	22510 + 20982	5114	\$6,615	5115	\$12,553	\$5,938	90%
Combined BKP thoracic + RF	22513 + 20982	5115	\$13,048	5115	\$12,553	(\$495)	-4%
Combined BKP lumbar + RF	22514 + 20982	5115	\$13,048	5115	\$12,553	(\$495)	-4%
Multi-Level BKP	22513/ 22514 + 22515	5115	\$13,048	5115	\$12,553	(\$495)	-4%
Multi-Level VP	22510/22511 + 22512	5114	\$6,615	5114	\$6,823	\$209	3%

Ambulatory Surgical Center Rule

Medicare 2024 Ambulatory Surgical Center Payment Rates

SCS, TDD, RF Ablation, and Interventional (National Average)

SCS

PROCEDURE	HCPCS CODE	2023 ASC FINAL PAYMENT ¹	2024 ASC FINAL PAYMENT ²	\$ CHANGE	% CHANGE
SCS perc lead implant	63650	\$4,913	\$4,952	\$ 39	1%
SCS lami lead implant	63655	\$17,950	\$17,993	\$ 44	0.2%
SCS INS implant (rechargeable & non-rechargeable)	63685	\$24,716	\$25,298	\$ 581	2%

TDD (PAIN & ITB)

PROCEDURE	HCPCS CODE	2023 ASC FINAL PAYMENT ¹	2024 ASC FINAL PAYMENT ²	\$ CHANGE	% CHANGE
Inject spine l/s (cd) w/o imaging guidance	62322	\$444	\$473	\$ 29	7%
Inject spine l/s (cd) w/ imaging guidance (i.e., fluoroscopy or CT)	62323	\$336	\$359	\$ 23	7%
Inject spine w/cath l/s (cd) w/o imaging guidance	62326	\$444	\$473	\$ 29	7%
Inject spine w/cath l/s (cd) w/ imaging guidance (i.e., fluoroscopy of CT)	62327	\$444	\$473	\$ 29	7%
Catheter implant	62350	\$3,561	\$4,266	\$ 705	20%
Pump implant - programmable	62362	\$14,147	\$14,047	\$(100)	-1%
Analysis w/o reprogramming or refill	62367	\$14	\$14	\$ 0.20	1%
Analysis w/ reprogramming	62368	\$19	\$19	\$ 0.48	3%
Programming and refill by nurse	62369	\$66	\$66	\$ 0	0%
Programming and refill by physician	62370	\$59	\$58	\$(1)	-1%

Medicare 2024 Ambulatory Surgical Center Payment Rates
SCS, TDD, RF Ablation and Interventional (National Average) cont.

RF ABLATION, PAIN

PROCEDURE	HCPCS CODE	2023 ASC FINAL PAYMENT ¹	2024 ASC FINAL PAYMENT ²	\$ CHANGE	% CHANGE
Destruction, cervical or thoracic, paravertebral facet joint nerve(s), single facet joint	64633	\$854	\$898	\$ 44	5%
Destruction, cervical or thoracic, paravertebral facet joint nerve(s), each additional	64634	N/A	N/A	N/A	N/A
Destruction, lumbar or sacral, paravertebral facet joint nerve(s), single facet joint	64635	\$854	\$898	\$ 44	5%
Destruction, lumbar or sacral, paravertebral facet joint nerve(s), each additional	64636	N/A	N/A	N/A	N/A
Destruction by neurolytic agent, other peripheral nerve or branch	64640	\$172	\$173	\$ 1	0.4%
Genicular nerve branch destruction by neurolytic agent, including imaging guidance	64624	\$854	\$898	\$ 44	5%
Radiofrequency ablation of nerves innervating the SI joint, with imaging guidance	64625	\$854	\$898	\$ 44	5%

Medicare 2024 Ambulatory Surgical Center Payment Rates
SCS, TDD, RF Ablation and Interventional (National Average) cont.

INTERVENTIONAL

OSTEOCOOL RF BONE ABLATION

PROCEDURE	HCPCS CODE	2023 ASC FINAL PAYMENT ¹	2024 ASC FINAL PAYMENT ²	\$ CHANGE	% CHANGE
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Bone Ablation Therapy	20982	\$4,009	\$6,501	\$ 2,492	62%
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OsteoCool RF + Single Level Vertebroplasty (VP)

Bone Ablation Therapy	20982	\$4,009	\$6,501		
Single Level VP; cervicothoracic / lumbosacral	22510 / 22511	\$707	\$759		
	Total	\$4,716	\$7,260	\$2,544	54%

OsteoCool RF + Single Level Kyphoplasty (BKP)

Bone Ablation Therapy	20982	\$4,009	\$6,501		
Single Level BKP; thoracic /lumbar	22513 / 22514	\$1,569	\$1,697		
	Total	\$5,578	\$8,197	\$2,619	47%

OsteoCool RF+ Multi-level Vertebroplasty (VP)

Bone Ablation Therapy	20982	\$4,009	\$6,501		
Multi-level VP	C7504 / C7505	\$1,569	\$1,697		
	Total	\$5,578	\$8,197	\$2,619	47%

Osteo Cool RF + Multi-level Kyphoplasty (BKP)

Bone Ablation Therapy	20982	\$2,004	\$3,250		
Multi-level BKP	C7507 / C7508	\$6,435	\$6,501		
	Total	\$8,439	\$9,751	\$1,312	16%

VERTEBROPLASTY (VP)

PROCEDURE	HCPCS CODE	2023 ASC FINAL PAYMENT ¹	2024 ASC FINAL PAYMENT ²	\$ CHANGE	% CHANGE
Perc vertebroplasty; cervicothoracic	22510	\$1,415	\$1,519	\$ 104	7%
Perc vertebroplasty; lumbosacral	22511	\$1,415	\$1,519	\$ 104	7%
Perc vertebroplasty; cervicothoracic or lumbosacral each addtl	22512	N/A	N/A	N/A	N/A
Multi-level VP cervicothoracic (Perq cvt&ls inj vert bodies)	C7504	\$3,138	\$3,393	\$ 255	8%
Multi-level VP lumbosacral (Perq ls&cvt inj vert bodies)	C7505	\$3,138	\$3,393	\$ 255	8%

KYPHOPLASTY (BKP) /VERTEBRAL AUGMENTATION

PROCEDURE	HCPCS CODE	2023 ASC FINAL PAYMENT ¹	2024 ASC FINAL PAYMENT ²	\$ CHANGE	% CHANGE
Percutaneous vertebral augmentation; thoracic	22513	\$3,138	\$3,393	\$ 255	8%
Percutaneous vertebral augmentation; lumbar	22514	\$3,138	\$3,393	\$ 255	8%
Percutaneous vertebral augmentation; thoracic or lumbar	22515	N/A	N/A	N/A	N/A
Multi-level BKP thoracic (Perq thor&lumb vert aug)	C7507	\$6,435	\$6,501	\$ 66	1%
Multi-level BKP lumbar (Perq lumb&thor vert aug)	C7508	\$6,435	\$6,501	\$ 66	1%

Medicare Physician Fee Schedule (MPFS)

Medicare 2024 Physician Payment Rates

Spinal Cord Stimulation (National Average)

SCS						FACILITY			
OFFICE									
DESCRIPTION	CPT	2023 FINAL PAYMENT ¹	2024 FINAL PAYMENT ²	\$ CHANGE	% CHANGE	2023 FINAL PAYMENT ¹	2024 FINAL PAYMENT ²	\$ CHANGE	% CHANGE
SCS perc lead implant	63650	\$2,341	\$2,236	(\$105)	-4%	\$416	\$407	(\$9)	-2%
SCS lami lead implant	63655	N/A	N/A	N/A	N/A	\$858	\$838	(\$20)	-2%
Remove perc lead	63661	\$696	\$675	(\$21)	-3%	\$332	\$326	(\$6)	-2%
Remove lami lead	63662	N/A	N/A	N/A	N/A	\$868	\$851	(\$17)	-2%
Revise/replace perc lead	63663	\$916	\$889	(\$27)	-3%	\$454	\$444	(\$10)	-2%
Revise/replace lami lead	63664	N/A	N/A	N/A	N/A	\$905	\$886	(\$19)	-2%
SCS INS implant (rechargeable & non-rechargeable)	63685	N/A	N/A	N/A	N/A	\$367	\$337	(\$30)	-8%
SCS INS removal	63688	N/A	N/A	N/A	N/A	\$380	\$298	(\$82)	-22%
Analysis	95970	\$19	\$18	(\$1)	-5%	\$19	\$18	(\$1)	-5%
Simple Programming	95971	\$48	\$47	(\$1)	-2%	\$39	\$38	(\$1)	-3%
Programming, cmplx (first hour)	95972	\$57	\$56	(\$1)	-2%	\$41	\$39	(\$2)	-5%

Medicare 2024 Physician Payment Rates

Targeted Drug Delivery (National Average)

TARGETED DRUG DELIVERY (PAIN AND ITB)

OFFICE

FACILITY

DESCRIPTION	CPT	2023 FINAL PAYMENT ¹	2024 FINAL PAYMENT ²	\$ CHANGE	% CHANGE	2023 FINAL PAYMENT ¹	2024 FINAL PAYMENT ²	\$ CHANGE	% CHANGE
Inject spine l/s (cd) w/o imaging guidance	62322	\$140	\$133	(\$7)	-5%	\$81	\$77	(\$4)	-5%
Inject spine l/s (cd) w/ imaging guidance (i.e., fluoroscopy or CT)	62323	\$262	\$254	(\$8)	-3%	\$99	\$97	(\$2)	-2%
Inject spine w/cath l/s (cd) w/o imaging guidance	62326	\$141	\$135	(\$6)	-4%	\$86	\$83	(\$3)	-3%
Inject spine w/cath l/s (cd) w/ imaging guidance (i.e., fluoroscopy or CT)	62327	\$273	\$268	(\$5)	-2%	\$106	\$105	(\$1)	-1%
Catheter implant	62350	N/A	N/A	N/A	N/A	\$403	\$394	(\$9)	-2%
Remove spinal canal catheter	62355	N/A	N/A	N/A	N/A	\$280	\$274	(\$6)	-2%
Pump implant - programmable	62362	N/A	N/A	N/A	N/A	\$391	\$382	(\$9)	-2%
Pump removal	62365	N/A	N/A	N/A	N/A	\$302	\$297	(\$5)	-2%
Analysis w/o reprogramming or refill	62367	\$32	\$31	(\$1)	-3%	\$25	\$24	(\$1)	-4%
Analysis w/ reprogramming	62368	\$44	\$44	\$0	0%	\$35	\$33	(\$2)	-6%
Programming and refill by nurse	62369	\$93	\$91	(\$2)	-2%	\$35	\$34	(\$1)	-3%
Programming and refill by physician	62370	\$94	\$91	(\$3)	-3%	\$46	\$45	(\$1)	-2%

Medicare 2024 Physician Payment Rates

RF Ablation (National Average)

RF ABLATION, PAIN

OFFICE

FACILITY

DESCRIPTION	CPT	2023 FINAL PAYMENT ¹	2024 FINAL PAYMENT ²	\$ CHANGE	% CHANGE	2023 FINAL PAYMENT ¹	2024 FINAL PAYMENT ²	\$ CHANGE	% CHANGE
Destruction, cervical or thoracic, paravertebral facet joint nerve(s), single facet joint	64633	\$444	\$430	(\$14)	-3%	\$191	\$188	(\$3)	-2%
Destruction, cervical or thoracic, paravertebral facet joint nerve(s), each additional	64634	\$261	\$251	(\$10)	-4%	\$67	\$65	(\$2)	-3%
Destruction, lumbar or sacral, paravertebral facet joint nerve(s), single facet joint	64635	\$448	\$434	(\$14)	-3%	\$192	\$188	(\$4)	-2%
Destruction, lumbar or sacral, paravertebral facet joint nerve(s), each additional	64636	\$246	\$236	(\$10)	-4%	\$59	\$57	(\$2)	-3%
Destruction by neurolytic agent, other peripheral nerve or branch	64640	\$250	\$244	(\$6)	-2%	\$119	\$117	(\$2)	-2%
Genicular nerve branch destruction by neurolytic agent, including imaging guidance	64624	\$394	\$382	(\$12)	-3%	\$146	\$143	(\$3)	-2%
Radiofrequency ablation of nerves innervating the SI joint, with imaging guidance	64625	\$479	\$465	(\$14)	-3%	\$195	\$191	(\$4)	-2%

Medicare 2024 Physician Payment Rates

Interventional (National Average)

INTERVENTIONAL**OSTEOCOOL RF BONE
ABLATION**

OFFICE						FACILITY			
DESCRIPTION	CPT	2023 FINAL PAYMENT ¹	2024 FINAL PAYMENT ²	\$ CHANGE	% CHANGE	2023 FINAL PAYMENT ¹	2024 FINAL PAYMENT ²	\$ CHANGE	% CHANGE
Bone ablation therapy	20982	\$3,595	\$3,369	(\$226)	-6%	\$367	\$354	(\$13)	-4%

VERTEBROPLASTY

OFFICE						FACILITY			
DESCRIPTION	CPT	2023 FINAL PAYMENT ¹	2024 FINAL PAYMENT ²	\$ CHANGE	% CHANGE	2023 FINAL PAYMENT ¹	2024 FINAL PAYMENT ²	\$ CHANGE	% CHANGE
Perc vertebroplasty; cervicothoracic	22510	\$1,861	\$1,749	(\$112)	-6%	\$434	\$420	(\$14)	-3%
Perc vertebroplasty; lumbosacral	22511	\$1,851	\$1,747	(\$104)	-6%	\$408	\$395	(\$13)	-3%
Perc vertebroplasty; cervicothoracic or lumbosacral each additional	22512	\$748	\$709	(\$39)	-5%	\$207	\$201	(\$6)	-3%

**KYPHOPLASTY/
VERTEBRAL
AUGMENTATION**

OFFICE						FACILITY			
DESCRIPTION	CPT	2023 FINAL PAYMENT ¹	2024 FINAL PAYMENT ²	\$ CHANGE	% CHANGE	2023 FINAL PAYMENT ¹	2024 FINAL PAYMENT ²	\$ CHANGE	% CHANGE
Percutaneous vertebral augmentation; thoracic	22513	\$5,889	\$5,510	(\$379)	-6%	\$513	\$498	(\$15)	-3%
Percutaneous vertebral augmentation; lumbar	22514	\$5,861	\$5,486	(\$375)	-6%	\$479	\$464	(\$15)	-3%
Percutaneous vertebral augmentation; thoracic or lumbar each additional	22515	\$3,025	\$2,822	(\$203)	-7%	\$219	\$211	(\$8)	-4%

