

PROPOSED PHYSICIAN PAYMENT CHANGES - 2014

In an effort to keep our Spine Professionals updated with the latest industry news, please be advised of the proposed 2014 Medicare payment rates for physician in-office kyphoplasty and vertebroplasty which have been significantly reduced. CMS is proposing to limit the non-facility practice expense (PE) RVUs for individual codes so that the total non-facility PFS payment will not exceed the total combined amount Medicare would pay for the same code in the facility setting. Reductions in RVUs for specific codes are noted below.

| <u>CPT Code</u> | <u>Descriptor</u> | <u>2013 RVUs</u> | <u>2014 Proposed RVUs</u> |
|-----------------|--|----------------------|-----------------------------------|
| 22520 | Percutaneous vertebroplasty thoracic | 68.69 | 52.87 |
| 22521 | Percutaneous vertebroplasty lumbar | 68.76 | 52.21 |
| 22522 | Percutaneous vertebroplasty additional | 6.57 | 4.82 |
| 22523 | Percutaneous kyphoplasty thoracic | 234.96 | 113.25 |
| 22524 | Percutaneous kyphoplasty lumbar | 233.56 | 112.43 |
| 22525 | Percutaneous kyphoplasty add-on | 144.66 | 104.20 |

Although the 2014 Medicare conversion factor has not been finalized, the proposed RVUs for in-office kyphoplasty are significantly less than current 2013 RVUs.
