HEALTH PLAN POLICY

Policy Title: Percutaneous Vertebroplasty-Kyphoplasty
Policy Number: MUM60
Revision: New

Department: Medical Management
Sub-Department: Utilization Management

Applies to Product Lines: ☑️ Medicaid
☑️ USFHP
☐ Children’s Health Insurance Plan
☑️ Commercial Insured
☑️ Health Insurance Exchange
☑️ Medicare
☐ Non Insured Business

Origination/Effective Date: 10/09/2019
Reviewed Date(s): Revision Date(s):

SCOPE:

This document addresses interventional injection of bone cement into pathologic compression fractures of the cervical, thoracic or lumbar spine to relieve pain, improve mobility and prevent further collapse of bone.

DEFINITIONS AND ACRONYMS:

- American College of Radiology (ACR)
- Kyphoplasty – Vertebroplasty with use of a balloon preceding injection of bone cement.
- Pathologic fracture - A fracture associated with a malignancy of bone or osteoporosis of bone.
- Society of Interventional Radiology (SIR)
- Society of Neurointerventional Surgery (SNIS)
- Standardized Therapy – Bed rest, physical therapy, bisphosphonates, analgesics and/or radiotherapy).

POLICY:

Medical necessity is established when conservative, standardized therapy has been refractory in the treatment of compression fractures of the cervical, thoracic &/or lumbar spine.

In addition, there must be a history of either bony malignancy (metastases or multiple myeloma) or osteoporosis.

Rationale:

Interventional vertebroplasty has been in use since the 1990’s. Although initially controversial, the last decade has seen numerous published studies indicating vertebroplasty/kyphoplasty as effective in appropriately selected patients. Multiple professional societies including ACR, SNIS & SIR have all supported this technology.

REFERENCES:

- American College of Radiology 2014 McConnell et al
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RELATED DOCUMENTS:

None

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Chief Executive Officer Health Plans

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REVISION HISTORY:

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<th>Date</th>
<th>Description of Change</th>
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<td>New</td>
<td>10/09/2019</td>
<td>Initial release.</td>
<td>Executive Leadership</td>
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