Effective Date: 12/15/15

Nevada Health Solutions LLC

NHS MEDICAL POLICY

Kyphoplasty and Vertebroplasty
Procedure 2015-009

Kyphoplasty and vertebroplasty involve the percutaneous injection of bone cement under image guidance into a fractured vertebra. Specific to kyphoplasty, inflatable bone tamps are placed into the fractured vertebral body to create a low-pressure cavity in which bone cement is placed to reduce the fracture.
Percutaneous kyphoplasty or vertebroplasty may be indicated when any ONE of the following is present:

1	Vertebral compression fracture with ALL of the following documented: • The fracture is symptomatic. • The fracture was identified by MRI. • The fracture is estimated to be new, acute or up to approximately 3 months old. • One or more fractures may be treated concurrently.
2	Osteolytic (bone destroying) spine lesion with ALL of the following documented: • The lesion is related to multiple myeloma or metastatic malignancy. • The lesion is symptomatic or there is risk of damage to adjacent structures. • One or more lesions may be treated concurrently.

SOURCES

1. Eck JC, *et al.* Comparison of vertebroplasty and balloon kyphoplasty for treatment of vertebral compression fractures: a meta-analysis of the literature. The Spine Journal, 2008, May-Jun; 8(3): 488–497.

2. California Technology Assessment Forum: Balloon Kyphoplasty as a Treatment for Vertebral Compression Fractures, June 17, 2009, San Francisco, CA.

3. Institute for Clinical Systems Improvement (ICSI), Technology Assessment Report, Jan 2004, Vertebroplasty and balloon assisted vertebroplasty for the treatment of osteoporotic compression fractures. AHRQ: www.guideline.gov accessed Oct 30, 2015.

4. UpToDate.com was accessed Oct 30, 2015: Osteoporotic thoracolumbar vertebral compression fractures: Clinical manifestations and treatment.

CODE REFERENCE (This may not be a comprehensive list of codes to apply to this policy.)

CPT: 0200T, 0201T, 22510, 22511, 22512, 22513, 22514, 22515
HCPCS: S2360, S2361

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
12/14/2016	Annual review and approval by UM Committee
12/13/2017	Annual review and approval by UM Committee
12/13/2018	Annual review and approval by UM Committee
12/12/2019	Annual review and approval by UM Committee
12/10/2020	Annual review and approval by UM Committee
12/10/2021	Annual review and approval by UM Committee
12/21/2022	Annual review and approval by UM Committee
12/20/2023	Annual review and approval by UM/QM Committee
12/23/2024	Annual review and approval by UM/QM Committee

PREMERA POLICY