Vertebroplasty/Kyphoplasty for Osteoporotic Compression Fracture Coverage Tool for Medicare Patient

Summary

PVA or kyphoplasty is considered reasonable and necessary for painful, debilitating, osteoporotic vertebral collapse/compression fractures, defined as those that have not responded to non-surgical medical management (e.g. narcotic and/or non-narcotic medication, physical therapy modalities) with and without methods of immobility (e.g. rest, bracing) or osteolytic vertebral metastasis or myeloma with severe back pain related to a destruction of the vertebral body, not involving the major part of the cortical bone.

Patient Criteria

□ Vertebral compression fracture ≤12 weeks old

or

□ Osteolytic metastasis/myeloma with vertebral body destruction

□ T1-L5 levels only

□ 3 or fewer levels per procedure

□ Pain level is: ____ on VAS or NRS 1-10 pain scale

- □ If hospitalized, pain score ≥ 8
- □ If non-hospitalized, pain score ≥ 5

  and ≥ 2 or more of

  - □ Progression of vertebral body height loss
  - □ > 25% vertebral body height reduction
  - □ Kyphotic deformity
  - □ Severe impact on daily functioning Roland Morris Disability Questionnaire (RDQ) >17

□ Non-invasive pain intervention(s) attempted:

_____

□ Fracture confirmed by

- □ MRI - date _____

or

- □ bone scan/SPECT/CT uptake - date _____

□ Patient to be referred for evaluation of bone mineral density and osteoporosis education for subsequent treatment as indicated and instructed to take part in an osteoporosis prevention/treatment program.

Contraindications

□ Patient does NOT have unstable fracture or require stabilization procedure

□ Patient does NOT have Osteomyelitis or any other active infection including UTI

□ Patient does NOT have uncorrected coagulation disorders.

□ Patient does NOT have bone fragment retropulsion or radicular symptoms related to the VCF level

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□ Patient does NOT have painful metastases to other areas of the spine; spinal cord compression; Primary bone tumor or a solitary plasmacytoma

□ Patient does NOT have a known allergy to any of the materials; or any condition that is a contraindication in the FDA labeling

□ Patient does NOT have foraminal stenosis or other spinal degenerative disease, facet arthropathy or other significant coexisting spinal or bony pain generators