

Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture

Policy Number: **M20260826044**

Effective Date: **10/1/2026**

Sponsoring Department: **Health Care Services**

Impacted Department(s): **Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐ Confidential ☐ Restricted ☒ Public

Applies to (Line of Business):

- ☐ Corporate (All)
- ✦ State Products, if yes which plan(s): ☒ MediSource; ☒ MediSource Connect; ☒ Child Health Plus; ☒ Essential Plan
- ✦ Medicare, if yes, which plan(s): ☒ MAPD; ☒ PDP; ☒ ISNP; ☒ CSNP
- ✦ Commercial, if yes, which type: ☒ Large Group; ☒ Small Group; ☒ Individual
- ☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

This section is intended to list specific LOB products that are excluded from adhering to this policy (due to differences in law/regulations). If not applicable, please indicate N/A.

Applicable to Vendors? Yes ☐ No ☒

Purpose and Applicability:

To set forth the medical necessity criteria for percutaneous vertebral augmentation (PVA) for osteoporotic vertebral compression fractures.

Policy:

Background:

Percutaneous vertebral augmentation (PVA) is a minimally invasive procedure used to treat vertebral compression fractures by injecting bone cement (usually methylmethacrylate) directly into the vertebral body. This stabilizes the structure and provides immediate pain relief in many cases. Percutaneous vertebral augmentation (PVA) is performed under anesthesia (including moderate sedation) and fluoroscopic or computed tomography (CT) guidance. Follow-up CT

scanning may be performed within eight hours in order to assess the distribution of the cement within the vertebrae and to detect any unwanted leaks.

Commercial, Self-Funded, MediSource, MediSource Connect, Child Health Plus and Essential Plan: percutaneous vertebral augmentation (PVA) for osteoporotic vertebral compression fractures may be covered utilizing the criteria below.

Medicare Advantage: There is currently a Local Coverage Determination (LCD) for percutaneous vertebral augmentation (PVA) for osteoporotic vertebral compression fractures. Please refer to the links listed in the Reference section for Medicare Advantage members.

Clinical Indications

Percutaneous Vertebral Augmentation (PVA,) (percutaneous vertebroplasty (PVP), or kyphoplasty (PKP) may be covered when **ALL** of the following indications are met:

- Acute (<6 weeks) or subacute (6-12 weeks) osteoporotic vertebral compression fractures of the thoracic spine and lumbar spine (T1-L5) by recent (within 30 days) advanced imaging (bone marrow edema on MRI or bone scan/SPECT/CT uptake)
- Symptomatic pain with **1 or more** of the following:
 - Hospitalized with severe pain (Numeric Rating Scale (NRS) or Visual Analog Scale (VAS) pain score ≥ 8)
 - Non-hospitalized with moderate to severe pain (NRS or VAS ≥ 5) despite optimal non-surgical management and **1 or more** of the following:
 - Worsening pain
 - Stable to improved pain (but NRS or VAS still ≥ 5) with **2 or more** of the following:
 - Progression of vertebral body height loss
 - > 25% vertebral body height reduction
 - Kyphotic deformity
 - Severe impact of a vertebral compression fractures on daily functioning

Exclusions

NOT COVERED for **ANY** of the following:

- Failure to meet medical necessity criteria listed under Clinical Indications in this policy
- Vertebroplasty and vertebral augmentation (percutaneous) are not to be considered prophylactic procedures for osteoporosis of the spine. They also should not be used for chronic back pain of long-standing duration, even if associated with old compression fractures, unless pain is localized to a specific chronic fracture and medical therapy has failed
- Exclusion criteria (Can have **NONE** of the following):
 - Absolute contraindication
 - Current back pain is not primarily due to the identified acute vertebral compression fractures
 - Osteomyelitis, discitis, or active systemic infection
 - Pregnancy
 - Relative contraindication
 - Greater than three vertebral fractures
 - Allergy to bone cement or opacification agents
 - Uncorrected Coagulopathy

- Spinal instability
- Myelopathy from the fracture
- Neurologic deficit
- Neural impingement
- Fracture retropulsion/canal compromise
- Percutaneous sacroplasty for treatment of sacral insufficiency fractures. There is insufficient evidence in peer reviewed literature that percutaneous sacroplasty for treatment of sacral insufficiency fractures or any other indication results in proven beneficial outcomes and, therefore, is considered investigational

Pre-Authorization Required? Yes ☒ No ☐

Definitions

Enter definitions here. Remember to **bold** words throughout Policy section that require definitions. Definitions should be included when: 1) The word may be unclear or may mean something different, in different situations/contexts; 2) The word is not commonly used or known. Please refer to the Policy Writing Toolkit for additional information and direction.

References

Related Policies, Processes and Other Documents

Enter name of all Independent Health policies, processes or other documents that relates or that is referenced within this policy.

Non-Regulatory References

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Hayes Health Technology Assessment. Comparative Effectiveness Of Percutaneous Vertebroplasty Versus Sham, Conservative Treatment, Or Kyphoplasty For Osteoporotic Vertebral Compression Fractures. HAYES, Inc.; © 2021 Hayes, a symplr company. December 8, 2016. Annual review May 5, 2021. Archived January 8, 2022.

Hinde K, Maingard J, Hirsch JA, Phan K, Asadi H, Chandra RV. Mortality Outcomes of Vertebral Augmentation (Vertebroplasty and/or Balloon Kyphoplasty) for Osteoporotic Vertebral Compression Fractures: A Systematic Review and Meta-Analysis. 2020:191294.

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Regulatory References

Centers for Medicare and Medicaid Services (CMS) [web site]. Local Coverage Determination (LCD) for Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF) (L33569). Available at: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33569&ver=32&bc=0> . Accessed August 3, 2026.

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Version Control

Signature / Approval on File? Yes ☒ No ☐

Revision Date	Policy Author / Owner	Notes
10/1/2026	Health Care Services	New Policy
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