

| Medical Necessity Criteria for Percutaneous Vertebral Augmentation (Coverage Guidance) | Medicare Administrative Contractors by Jurisdiction and State | | | | | |
|---|---|--|--|---|---|--|
| | L38201 CGS Administrators, LLC Jurisdiction 15 | L33569 National Government Services, Inc.(NGS) Jurisdiction 06, K | L38213 Wisconsin Physicians Service Insurance Corporation (WPS) Jurisdiction 05 | L34106 L34228 Noridian Healthcare Solutions, LLC Jurisdiction J-F | L35130 Novitas Solutions, Inc. Jurisdiction J-H, J-L | L34976 First Coast Service Options, Inc. (FCSO) |
| | Kentucky Ohio | Illinois Minnesota Wisconsin | Iowa Kansas Missouri - Entire State | California - Entire State California - Northern California - Southern | Colorado Mexico Oklahoma Texas | New Florida Virgin Islands Puerto Rico |
| Fracture Acuity | | | | | | |
| Acute osteoporotic VCF less than 6 weeks | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Acute osteoporotic VCF (<6 weeks) or Sub-acute (6-12 weeks) | | | ✓ | | ✓ | ✓ |
| Imaging Evidence | | | | | | |
| T5-L5 with advanced imaging within 30 days | ✓ | | ✓ | ✓ | ✓ | ✓ |
| (bone marrow edema on MRI or bone-scan/SPECT/CT uptake) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| T1-L5 with advanced imaging | | ✓ | | | | |
| Symptoms, Evaluation and Treatment | | | | | | |
| Symptomatic-hospitalized severe pain (NRS or VAS >8) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <i>or</i> | | | | | | |
| Symptomatic-non hospitalized NRS or VAS >5 with any 2: | | | | | | |
| <i>Progression of vertebral body height loss</i> | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <i>>25% vertebral body height reduction</i> | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <i>Kyphotic deformity</i> | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <i>Severe impact of VCF on daily functioning (Roland Morris Disability Questionnaire (RDQ) > 17)</i> | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <i>Steroid-induced fractures</i> | | | ✓ | | | |
| <i>Reinforcement or stabilization of vertebral body prior to surgery</i> | | | ✓ | | | |
| Not responsive to non-surgical management (with and without immobility methods e.g bracing, rest) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Outside Referrals | | | | | | |
| Referral for BMD osteoporosis instruction/ evaluation/prevention/treatment program | | ✓ | ✓ | | ✓ | ✓ |
| Multidisciplinary consensus of Physicians: Referring, Treating, Radiologist, Neurologist (Dates prior to 1/10/21) | ✓ | | | ✓ | | |
| Absolute Contraindications | | | | | | |
| Back pain not primarily due to VCF | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Osteomyelitis, discitis or active infection | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Pregnancy | ✓ | ✓ | ✓ | | ✓ | ✓ |
| Greater than three vertebral fractures | ✓ | | ✓ | | ✓ | ✓ |
| Relative Contraindications | | | | | | |
| Allergy to bone cement or opacification agents | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Coagulopathy (uncorrected) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Spinal instability | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Myelopathy from the fracture | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Neurologic deficit | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Neural impingement | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Fracture retropulsion/canal compromise | | ✓ | | ✓ | ✓ | ✓ |
| Greater than three vertebral fractures per procedure | | ✓ | | ✓ | | |
| Pregnancy | | | | ✓ | | |