

**Health Technology Clinical Committee
Final Findings and Decision**

Topic: Vertebroplasty, kyphoplasty, and sacroplasty

Meeting date: January 31, 2025

Final adoption: March 21, 2025

Number and coverage topic:

20250131A – Vertebroplasty, kyphoplasty, and sacroplasty

HTCC coverage determination:

Vertebroplasty, kyphoplasty, and sacroplasty are **not covered benefits**.

HTCC reimbursement determination:

Limitations of coverage: N/A

Non-covered indicators: N/A

Related documents:

- [Final key questions](#)
- [Final evidence report](#)
- [Meeting materials and transcript](#)

Agency contact information:

Agency	Phone Number
Labor and Industries	1-800-547-8367
Public and School Employees Health Plan	1-800-200-1004
Washington State Medicaid	1-800-562-3022

Final

HTCC coverage vote and formal action:

Committee decision

Based on the deliberations of key health outcomes, the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and state agency utilization information. The committee discussed and voted separately on the evidence for the use of vertebroplasty, kyphoplasty, and sacroplasty. The committee decided that the current evidence on vertebroplasty, kyphoplasty, and sacroplasty was sufficient to determine non-coverage. The committee considered the evidence, public comment and expert input, and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable.

Based on these findings, the committee voted not to cover vertebroplasty, kyphoplasty, and sacroplasty.

	Not covered	Covered under certain conditions	Covered unconditionally
Vertebroplasty	7	3	0
Kyphoplasty	8	2	0
Sacroplasty	10	0	0

Discussion

The committee reviewed and discussed the available studies for use of vertebroplasty, kyphoplasty, and sacroplasty. Details of study design, inclusion criteria, outcomes and other factors affecting study quality were discussed. In addition to consideration of the evidence from the report and evidence shared by public commenters, the committee discussed other payer policies and the relationship to Medicare and HTCC decision process. A majority of committee members found the evidence sufficient to determine that use of vertebroplasty, kyphoplasty, or sacroplasty are unproven for being safer, more effective, or more cost-effective than comparators.

Action

The committee checked for availability of a Centers for Medicare and Medicaid Services (CMS) national coverage decision (NCD). Based on the information provided in the systematic review, there are no NCD's for vertebroplasty, kyphoplasty, or sacroplasty.

The committee discussed clinical guidelines identified from the following organizations:

- American Academy of Orthopaedic Surgeons (AAOS), 2010 updated 2023
- American College of Radiology (ACR), 2022
- American College of Radiology (ACR), American Society of Neuroradiology (ASNR), Society of Neurointerventional Surgery (SNIS), American Society of Spine Radiology (ASSR), and the Society of Interventional Radiology (SIR), 2017 (updated 2022)
- American Society of Interventional and Therapeutic Neuroradiology, Society of Interventional Radiology, American Association of Neurological Surgeons/Congress of Neurological Surgeons, and the American Society of Spine Radiology, 2007
- International Society for the Advancement of Spine Surgery (ISASS), 2019
- North American Spine Society (NASS), 2023

- National Institute for Health and Care Excellence (NICE) (United Kingdom), 2013
- American Academy of Family Physicians (AAFP), 2016
- American Association of Clinical Endocrinologists (AACE) and American College of Endocrinology (ACE) (Updated 2020)
- Society of Interventional Radiology (SIR), American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS), American College of Radiology (ACR), American Society of Neuroradiology (ASNR), American Society of Spine Radiology (ASSR), Canadian Interventional Radiology Association (CIRA), and Society of NeuroInterventional Surgery (SNIS), 2014
- American Association of Neurological Surgeons (AANS)
- Society of NeuroInterventional Surgery (SNIS), 2014
- German Society for Orthopaedics and Trauma (DGOU), 2018
- WFNS Spine Committee, 2022
- American Society of Anesthesiologist (ASA), American Society of Regional Anesthesia and Pain Medicine (ASRA), 2010
- Society of Interventional Radiology (SIR), 2014
- American Society of Pain and Neuroscience (ASPN), 2021
- International Myeloma Working Group (IMWG), 2013
- Cardiovascular and Interventional Radiological Society of Europe (CIRSE), 2017
- RAND/UCLA Appropriateness Method Clinical Care Pathway, multispecialty Expert Panel, 2018

The recommendations of the guidelines vary. The committee's determination is consistent with the noted guidelines.

HTA staff will prepare a findings and decision document on vertebroplasty, kyphoplasty, and sacroplasty for public comment to be followed by consideration for final approval at the next committee meeting.

Health Technology Clinical Committee Authority:

Washington State's legislature believes it is important to use a science-based, clinician-centered approach for difficult and important health care benefit decisions. Pursuant to chapter 70.14 RCW, the legislature has directed the Washington State Health Care Authority (HCA), through its Health Technology Assessment (HTA) program, to engage in an evaluation process that gathers and assesses the quality of the latest medical evidence using a scientific research company that takes public input at all stages.

Pursuant to RCW 70.14.110, a Health Technology Clinical Committee (HTCC) composed of eleven independent health care professionals reviews all the information and renders a decision at an open public meeting. The Washington State HTCC determines how selected health technologies are covered by several state agencies (RCW 70.14.080-140). These technologies may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. HTCC bases its decisions on evidence of the technology's safety, efficacy, and cost effectiveness. Participating state agencies are required to comply with the decisions of the HTCC. HTCC decisions may be re-reviewed at the determination of the HCA Director.