Date: May 9, 2025

To: Robert McDonough, MD
Head of Clinical Policy Research & Development
Aetna
1000 Middle Street MC17
Middletown, CT 06457

Subject: Vertebral Compression Fracture Time to Treatment

Dear Dr. McDonough,

On behalf of representatives of ten medical specialty societies we would like to highlight results from a recent meta-analysis[1] that examines the impact of treatment timing on outcomes for patients with vertebral compression fractures (VCFs) treated using balloon kyphoplasty. With this new Level IA evidence, we request that you review your commercial coverage policy requiring failure of conservative management (via bracing, bed rest, opioids) prior to approval of surgical intervention with kyphoplasty or vertebroplasty.

This study compared early surgical treatment (within 4 weeks of the fracture) versus late treatment (after 4 weeks)[1]. Conducted according to PRISMA guidelines, the review analyzed outcomes from 9 studies with a total of 595 participants. Although no differences were observed in vertebral height, authors confirmed early treatment significantly improved pain score and kyphotic angle correction among patients treated early (< 4 weeks) vs. late (> 4 weeks). Conclusions by study authors highlight the clinical benefits of early intervention on achieving appropriate pain control and kyphotic correction. Furthermore, a sub study of the world's largest registry on percutaneous vertebral augmentation (PVA) for VCFs shows variations in the costs associated with different care pathways from diagnosis to PVA. The inefficient pathway cost was $19,590 with a 171-day delay, an intermediate pathway cost of $9,412 with a 28-day delay, while the efficient pathway costs were $5,096 with only a 2-day delay. Overall, expedited treatments resulted in the lowest healthcare utilization (HCU) cost and better patient outcomes, whereas delays led to higher costs and worse outcomes.[2]

Given these findings, we urge you to consider updating your commercial coverage criteria to permit earlier surgical intervention for the treatment of VCF. As you may be aware, all seven Medicare Administrative Contractor (MAC) Local Coverage Determinations (LCDs) place no restriction on coverage of surgical intervention based on time from fracture. Thus, your Medicare-Advantage members may already be proceeding to surgical intervention in the acute fracture time period given the LCDs. As such, an update to your commercial policy would ensure equitable patient access to care regardless of plan type.

If you have any questions or comments related to this request. Please contact Ashley Maleki, Senior Manager of Health Policy and Economics at the Society of Interventional Radiology, at amaleki@sirweb.org.

Sincerely,

American Academy of Pain Medicine
American Academy of Physical Medicine and Rehabilitation
American College of Radiology
American Society of Neuroradiology
American Society of Regional Anesthesia and Pain Medicine
American Society of Spine Radiology
International Pain and Spine Intervention Society
North American Neuromodulation Society
North American Spine Society
Society of Interventional Radiology

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1. Khan MA, Kisana H, Clay C, et al. The effect of time to balloon kyphoplasty on osteoporotic vertebral compression fractures: a systematic review with meta-analysis. N Am Spine Soc J. 2024;21:100576. Published 2024 Dec 15. doi:10.1016/j.xnsj.2024.100576

2. American Society of Interventional Pain Physicians. (2024). *Time to Treatment Versus Health Care Utilization in Compression Fractures Treated With Vertebral Augmentation: The Vertebral Augmentation Care Pathways Case Series*. *Pain Medicine Case Reports* 8(7), 265-271. ISSN 2768-5152