

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Percutaneous Vertebroplasty, Kyphoplasty and Sacroplasty MP9429

Covered Service: Yes

Prior Authorization Required: No

Additional Information: None

Medicare Policy: Prior authorization is dependent on the member's Medicare coverage. Prior authorization is not required for Medicare Cost (Dean Care Gold) and Medicare Supplement (Select) when this service is provided by participating providers. Prior authorization is required if a member has Medicare primary and Dean Health Plan secondary coverage. This policy is not applicable to our Medicare Replacement products.

BadgerCare Plus Policy: Dean Health Plan covers this benefit when BadgerCare Plus also covers the benefit. Please refer to Forward Health: <https://www.forwardhealth.wi.gov/WIPortal/Default.aspx>

Dean Health Plan Medical Policy:

- 1.0 Percutaneous vertebroplasty and kyphoplasty do not require prior authorization and are considered medically necessary for members with medically refractory pain due to osteolytic or osteoporotic lesions of the vertebrae.
- 2.0 Percutaneous vertebroplasty and kyphoplasty are considered experimental and investigational, and therefore not medically necessary for all other indications.
- 3.0 Percutaneous sacroplasty is considered experimental and investigational, and therefore not medically necessary.

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