

Health Technology Clinical Committee

Date: January 31, 2025
Time: 8:00 a.m. – 2:30 p.m.
Location: Webinar
Adopted: March 21, 2025

Meeting materials and transcripts are available on the [HTA website](#).

HTCC Minutes

Members present: John Bramhall, MD, PhD; Clinton Daniels, DC, MS; Janna Friedly, MD, MPH; Chris Hearne, DNP, MPH; Laurie Mischley, ND, MPH, PhD; Evan Oakes, MD, MPH; Amy Occhino, MD; Jonathan Sham, MD; Jonathan Staloff, MD, MSc; Tony Yen, MD

Clinical experts: Sohail Mirza, MD

HTCC Formal Action

- Welcome and Chair remarks:** Dr. Friedly, chair, called the meeting to order; members present constituted a quorum.
- HTA program updates:** Josh Morse, program director, presented HTCC meeting protocols and guidelines, and an overview of the HTA program.
- Previous meeting business:**

September 20, 2024 meeting minutes: Draft minutes reviewed. Motion made and seconded to approve the minutes as written.

Action: Ten committee members approved the September 20, 2024 meeting minutes.

Vote on treatments for chondral defects of the knee draft findings and decision: Public comments and draft findings reviewed.

Action: Eight committee members voted to finalize chondral defects draft findings and decision and two members abstained.

January 10, 2025 retreat meeting minutes: Draft minutes reviewed. Motion made and seconded to approve the minutes as written.

Action: Ten committee members approved the January 10, 2025 retreat meeting minutes.

Review and vote on updated bylaw changes: Committee recusal changes were discussed at the January 10, 2025 retreat were reviewed.

Action: Ten committee members voted to finalize bylaw changes.

4. Femoroacetabular impingement

HTCC reviewed petition and supplemental materials.

Final

Action: Ten committee members voted that the evidence presented would not change the previous determination.

5. Treatments for chondral defects of the knee

HTCC discussion and action:

Discussion

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 with 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.

Decision

Vertebroplasty is **not a covered benefit**

Kyphoplasty is **not a covered benefit**

Sacroplasty is **not a covered benefit**

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.

6. Meeting adjourned