

Meeting: Utilization Management Committee	Date: 12/18/2025
Title/Topic: Basivertebral Nerve Ablation-Intrasept Procedure Medical Policy	Policy Number: n05765
Purpose: Annual Review	Outcome: Accept as proposed
Line of Business: Commercial and Medicare	Effective Date: 12/12/2024

INTRODUCTION:

Includes definition of problem or opportunity. Provides background information on the topic. Describes current state. May also include prior state and/or factors that have changed. Includes operational definitions where key terms may have varied interpretation.

Basivertebral nerve (BNV) ablation, also known as the Intrasept procedure, is a minimally invasive spinal procedure, performed in the outpatient or ambulatory setting. A cannula is inserted through the vertebral body to the trunk of the basivertebral nerve. A probe is then inserted through the cannula and radiofrequency energy is delivered to destroy or “ablate” the nerve and provide reduction or relief of chronic vertebrogenic low back pain. It is indicated for individuals, without contraindications to BNV ablation, who are skeletally mature with chronic vertebrogenic low back pain for at least 6 months that have failed attempts at nonsurgical management and have Type 1 or Type 2 Modic changes on advanced imaging (i.e., MRI).

This medical policy provides guidance for Utilization Management Coordinator Registered Nurses (UMC-RN) regarding determinations involving the medical necessity for BNV ablation (i.e., the Intrasept procedure). This is a newly developed medical policy.

ACTION RECOMMENDED:

States recommendations in specific terms. Includes a summary of what should be accomplished, methods, and timetable (if applicable). Recommendations on implementation and follow-up plans may also be included.

Annual review has been conducted and the Basivertebral Nerve Ablation-Intrasept Procedure medical policy is presented for review and approval with changes as written.

No changes were made to the intention or utilization guidance of this policy. Changes made include minor grammar and formatting changes, updating of references, and verification of CPT codes.

ANALYSIS/JUSTIFICATION:

Includes information relevant to the recommended action including information used in formulation the recommendations. Information will include reference to any existing Centers for Medicare & Medicaid Services (CMS) coverage determinations as well as any existing established vendor criteria. Information may include financial/cost data, service measures, projections or other key measures or process tools, recommendations from a clinical provider with expertise regarding the topic, and/or information from other widely used treatment guidelines or peer reviewed clinical literature.

- The Centers for Medicare/Medicaid (CMS) has guidance in several Medicare jurisdictions via Local Coverage Determination (LCD). No National Coverage Determination (NCD) exists and no LCD for this region.
- MCG does not have coverage guidance.
- The American Society of Pain and Neuroscience (ASPN) formed a multidisciplinary work group tasked to examine the available literature and form best practice, evidence-based guidelines for the proper identification and selection of patients for basivertebral nerve ablation in patients with vertebral low back pain. Based on the United States Preventative Task Force (USPSTF) criteria for grading evidence, they gave BVN ablation Level A grade evidence with high certainty that the net benefit is substantial in appropriately selected individuals.
- The North American Spine Society (NASS) has published a position statement defining BVN ablation indications.
- A competitor payor analysis was performed demonstrating a development of medical policy or adoption of coverage criteria as published in one of the existing CMS LCDs to guide coverage and medical necessity determinations for BVN ablation (i.e., Intrasept procedure).

REFERENCES:

Includes detailed description regarding source(s) of information used for development of policy or recommendations via citation.

- A. CMS, Local Coverage Determination (LCD) Intraosseous Basivertebral Nerve Ablation (L39644)
- B. CMS, LCD Reference Article, Billing and Coding Article, Billing and Coding: Intraosseous Basivertebral Nerve Ablation (A59468)
- C. Conger A, Burnham TR, Clark T, Teramoto M, McCormick ZL. The Effectiveness of Intraosseous Basivertebral Nerve Radiofrequency Ablation for the Treatment of Vertebrogenic Low Back Pain: An Updated Systematic Review with Single-Arm Meta-analysis. *Pain Med.* 2022 Jul 20;23(Suppl 2):S50-S62. doi: 10.1093/pm/pnac070. PMID: 35856331; PMCID: PMC9297160
- D. Nwosu M, Agyeman WY, Bisht A, Gopinath A, Cheema AH, Chaludiya K, Khalid M, Yu AK. The Effectiveness of Intraosseous Basivertebral Nerve Ablation in the Treatment of Nonradiating Vertebrogenic Pain: A Systematic Review. *Cureus.* 2023 Apr 4;15(4):e37114. doi: 10.7759/cureus.37114. PMID: 37034146; PMCID: PMC10075185.
- E. Sayed D, Naidu RK, Patel KV, Strand NH, Mehta P, Lam CM, Tieppo Francio V, Sheth S, Giuffrida A, Durkin B, Khatri N, Vodapally S, James CO, Westerhaus BD, Rupp A, Abdullah NM, Amirdelfan K, Petersen EA, Beall DP, Deer TR. Best Practice Guidelines on the Diagnosis and Treatment of Vertebrogenic Pain with Basivertebral Nerve Ablation from the American Society of Pain and Neuroscience. *J Pain Res.* 2022 Sep 14;15:2801-2819. doi: 10.2147/JPR.S378544. PMID: 36128549; PMCID: PMC9482788.
- F. Schnapp W, Martiatu K, Delcroix GJR, et al. Basivertebral nerve ablation for the treatment of chronic low back pain: A scoping review of the literature. *Pain Physician.* 2022;25(4):E551-E562.
- G. Fischgrund, J.S., Rhyne, A., Macadaeg, K. *et al.* Long-term outcomes following intraosseous basivertebral nerve ablation for the treatment of chronic low back pain: 5-year treatment arm results from a prospective randomized double-blind sham-controlled multi-center study. *Eur Spine J* **29**, 1925–1934 (2020). <https://doi.org/10.1007/s00586->

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- H. Fischgrund, J.S., Rhyne, A., Franke, J. *et al.* Intraosseous basivertebral nerve ablation for the treatment of chronic low back pain: a prospective randomized double-blind sham-controlled multi-center study. *Eur Spine J* **27**, 1146–1156 (2018).
<https://doi.org/10.1007/s00586-018-5496-1>

REVISION REASON:

Includes the date changes or updates were made and summary of changes applied.

12/18/2025: Annual Review. Minor grammar and formatting changes made. References were reviewed and updated. CPT Code verification was performed to monitor for changes and/or updates.

Disclaimer:

Contract language as well as state and federal laws take precedence over any medical policy.

Network Health coverage documents (i.e. Certificate of Coverage, Evidence of Coverage, Summary Plan Descriptions) outline contractual terms of the applicable benefit plan for each line of business and will be considered first in determining eligibility. Not all Network Health coverage documents are the same. Coverage may differ. Our Medicare membership follows applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). Please refer to the CMS website at www.cms.gov.

Network Health reserves the right to review and update our medical policies on occasion as medical technologies are constantly evolving. The documentation of any brand name of a test, product and/or procedure in a medical policy is in no way an endorsement of that product; it is for reference only.

Network Health's medical policies are for guidance and not intended to prevent the judgment of the reviewing medical director(s) nor dictate to health care providers how to practice medicine.