



Medica Central Coverage Policy

Policy Name: Intraosseous Ablation of Basivertebral Nerve for Treating Low-Back Pain MP9736

Effective Date: 06/01/2024

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Intraosseous radiofrequency ablation of basivertebral nerve (e.g., Intracept® Intraosseous Nerve Ablation System) is investigative and unproven and therefore **NOT COVERED** for the treatment of chronic low back pain. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Description

Radiofrequency ablation of intraosseous nerves is an emerging technology intended for treatment of chronic low back pain. Intraosseous nerves are reportedly found within the vertebrae, are referred to as basivertebral nerves (BVN) and are present in the basivertebral foramen. It has been purported that the basivertebral nerve may be a source of intraosseous back pain and that interruption of the nerve pathway using radiofrequency will relieve the associated pain.

One device under investigation, The INTRACEPT® System (Relieva MedSystems, Inc., Redwood City, CA), is an electrosurgical device intended to treat chronic vertebrogenic low-back pain (LBP) that persists for six months or more and is accompanied by Type 1 or Type 2 Modic changes to the L3 to S1 vertebral endplates on magnetic resonance imaging (MRI).

According to Relieva Medsystems, Intracept is used in conjunction with a radiofrequency (RF) generator in a minimally invasive procedure to ablate the BVN. A spine surgeon or interventional pain specialist performs the procedure in an outpatient setting. Treatment occurs with the individual in a prone position and either general anesthesia or conscious sedation is used. The procedure requires approximately 60 to 90 minutes to complete. The RF destruction of the BVN is purported to stop the transmission of pain, however, long-term outcomes from well-designed randomized controlled studies have yet to be published and patient selection criteria have not been firmly established.



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FDA Approval

The INTRACEPT® Nerve Ablation System and Relieva RF Generator (Relieva MedSystems, Inc., Redwood City, CA), received 510(k) marketing clearance in May 2019.

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:

- **64628** - Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral
- **64629** - Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)

HCPCS Codes:

- **C9752** - Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum
- **C9753** - Destruction of intraosseous basivertebral nerve, each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum (list separately in addition to code for primary procedure)

| | Committee/Source | Date(s) |
|--------------------------|---|------------------|
| Document Created: | Medical Policy Committee/Health Services Division | January 17, 2024 |
| Revised: | Medical Policy Committee/Health Services Division | May 15, 2024 |
| Reviewed: | Medical Policy Committee/Health Services Division | May 15, 2024 |

Published: 06/01/2024

Effective: 06/01/2024

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