



Medical Policies



Policy Number:	Z-104		
Policy Name:	Basivertebral Nerve Ablation		
Policy Type:	Medical	Policy Subtype:	Miscellaneous
Effective Date:	09-15-2025	End Date:	11-02-2025

Description

Basivertebral nerve ablation is a minimally invasive radiofrequency ablative procedure that is intended to ablate or destroy the basivertebral nerve in the vertebral body to reduce chronic low back pain.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

Basivertebral nerve ablation from L3 through S1 may be considered medically necessary when **ALL** of the following criteria have been met:

- The individual is skeletally mature; **and**
- The individual has chronic low back pain of at least six (6) months duration; **and**
- The individual has failed to respond to at least six (6) months of conservative treatment; **and**
- The individual's MRI demonstrates Modic change one (1) (MC1) or Modic change two (2) (MC2) in at least one (1) vertebral endplate at one (1) or more levels from L3 through S1.

The individual must receive at least 51 percent or greater benefit from the basivertebral nerve ablation prior to repeat procedure.

More than two (2) basivertebral nerve ablations per benefit year will be considered experimental/investigational and therefore non-covered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

Basivertebral nerve ablation not meeting the criteria as indicated in this policy is considered experimental/investigational and therefore non-covered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

Procedure Codes

64628	64629
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Professional Statements and Societal Positions Guidelines

Not Applicable

Diagnosis Codes

Covered Diagnosis codes for Procedure Codes 64628 and 64629

M47.816	M47.817	M51.360	M51.361	M51.362	M51.369	M51.370
M51.371	M51.372	M51.379	M54.50	M54.51	M54.59	

CURRENT CODING

CPT:

64628	THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC	Commercial
64629	THERMAL DSTRJ INTRAOSSEOUS BVN EA ADDL LMBR/SAC	Commercial
64628	THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC	Medicaid Expansion
64629	THERMAL DSTRJ INTRAOSSEOUS BVN EA ADDL LMBR/SAC	Medicaid Expansion

References

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2. Fischgrund JS, Rhyne A, Franke J, Sasso R, 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.* 2018;27(5):1146-1156.
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ND Committee Review

Internal Medical Policy Committee 11-23-2021 - **Effective January 01, 2022**

New policy for North Dakota with coding updates

- **Added:** 64628, 64629
- **Removed:** Procedure Code 22899
- **Removed:** Outpatient HCPCS (C codes) C9752 and C9753

Internal Medical Policy Committee 01-20-22 Coding update - **Effective January 01, 2022**

- **Added** Diagnosis code: 54.59

Internal Medical Policy Committee 9-12-2023 Annual Review -no changes in criteria

Internal Medical Policy Committee 1-16-2024 Revision - **Effective March 04, 2024**

- **Updated** references; and
- **Added** bullet: The individual is skeletally mature

Internal Medical Policy Committee 9-17-2024 Coding update - **Effective October 01, 2024**

- **Removed** diagnosis codes M51.36 and M51.37; and
- **Added** diagnosis codes M51.360; M51.361; M51.362; M51.369; M51.370; M51.371; M51.372; M51.379; and
- **Added** Policy Application

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.