

## Medical Policy

### Interventional Pain Management of the Spine

**Policy Number: 097**

	Commercial and Qualified Health Plans	MassHealth	Medicare Advantage
Authorization Required	X	X	X (64628-9)
No Prior Authorization	X (62324-7)	X (62324-7)	X
Not payable		X (64628-9)	

#### Overview

This policy addresses medical necessity guidelines for epidural steroid injections, facet joint injections, and basivertebral nerve ablation (BVNA) for Mass General Brigham Health Plan members who are at least 18 years of age.

#### Criteria for Epidural Steroid Injections

Medical necessity for epidural steroid injection for members 18 years of age or older is determined through InterQual® criteria which Mass General Brigham Health Plan has customized with additional codes; to remove imaging requirements for cervical, thoracic, and lumbar radicular pain and neurogenic claudication treatments; and to remove pain quantification threshold for improvement. To access the criteria, log into Mass General Brigham Health Plan's provider website at [MassGeneralBrighamHealthPlan.org](http://MassGeneralBrighamHealthPlan.org) and click the InterQual® Criteria Lookup link under the Resources Menu.

#### Criteria for Facet Joint Injections

Medical necessity for facet joint injections for members 18 years of age or older is determined through InterQual® criteria which Mass General Brigham Health Plan has customized to allow approval for 50% pain reduction rather than 80% and for reduced duration between injections from three weeks to two. To access the criteria, log into Mass General Brigham Health Plan's provider website at [MassGeneralBrighamHealthPlan.org](http://MassGeneralBrighamHealthPlan.org) and click the InterQual® Criteria Lookup link under the Resources Menu.

#### Criteria for BVNA

Mass General Brigham Health Plan considers BVNA at levels L3 to S1 **medically necessary** for the treatment of chronic lower back pain of vertebrogenic origin when ALL of the following criteria are met:

- Member is 25 years of age or older;
- Chronic lower back pain has persisted for at least six months;
- Pain has failed to adequately improve despite six months of non-operative management, including:
  - At least 4 weeks of physical therapy, and
  - At least 4 weeks of acetaminophen and/or NSAIDs, and
  - Activity and/or lifestyle modification.
- MRI evidence of Modic Type 1 or Type 2 changes involving the endplates between L3 and S1.

- If disc extrusion or protrusion greater than 5 mm is present in the lumbar spine, epidural steroid injection has been performed within the past two years and resulted in a less than 50% symptom improvement
- If facet arthrosis/effusion is present, and pain increases with facet loading maneuvers, then two diagnostic facet joint injections or medial nerve blocks have been performed within the past two years and resulted in a less than 50% symptom improvement

### Exclusions

Mass General Brigham Health Plan considers BVNA **experimental and investigational** when any of the following conditions is present:

- Radicular pain,
- Previous lumbar spine surgery,
- Symptomatic spinal stenosis,
- Spine infection or other active systemic infection,
- Osteoporosis, metabolic bone disease, or history of spine fragility fracture
- Vertebral fracture within the past year,
- Malignancy of the spine,
- Spondylolisthesis greater than 2 mm,
- Spondylolysis at any level,
- Severe cardiac or pulmonary disease,
- BMI greater than 40,
- Poorly controlled major psychiatric disease that is suspected to be a major contributor to back pain,
- Bedbound or a neurologic condition that prevents early mobility,
- Pregnancy,
- Treatment of vertebrae above L3 or below S1,
- Repeat BVNA on a vertebra that has previously been treated with BVNA.

Additionally, BVNA is considered **experimental and investigational** when performed concurrently with other procedures, including steroid injections, nerve blocks, ablation of other nerves, and surgeries.

### MassHealth Variation

Mass General Brigham Health Plan uses guidance from MassHealth for medical necessity determinations for its MassHealth ACO members. **At the time of Mass General Brigham Health Plan's most recent policy review, MassHealth did not have medical necessity guidance for epidural steroid injections or facet joint injections and did not consider BVNA payable.**

### Medicare Variation

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations



(NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and documentation included in the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's policies are used for coverage determinations. **At the time of Mass General Brigham Health Plan's most recent policy review, CMS has the following:**

- [LCD: Epidural Steroid Injections for Pain Management \(L39015\)](#)
- [LCD: Epidural Steroid Injections for Pain Management \(L33906\)](#)
- [LCD: Epidural Steroid Injections for Pain Management \(L39240\)](#)
- [LCD: Epidural Steroid Injections for Pain Management \(L39242\)](#)
- [LCD: Epidural Steroid Injections for Pain Management \(L36920\)](#)
- [LCD: Epidural Steroid Injections for Pain Management \(L38994\)](#)
- [LCD: Epidural Steroid Injections for Pain Management \(L39054\)](#)
- [LCD - Facet Joint Interventions for Pain Management \(L38773\)](#)
- [LCD - Facet Joint Interventions for Pain Management \(L33930\)](#)
- [LCD - Facet Joint Interventions for Pain Management \(L35936\)](#)
- [LCD - Facet Joint Interventions for Pain Management \(L38801\)](#)
- [LCD - Facet Joint Interventions for Pain Management \(L38803\)](#)
- [LCD - Facet Joint Interventions for Pain Management \(L34892\)](#)
- [LCD - Facet Joint Interventions for Pain Management \(L38765\)](#)
- [LCD - Facet Joint Interventions for Pain Management \(L38841\)](#)
- [LCD: Intraosseous Basivertebral Nerve Ablation \(L39642\)](#)
- [LCD: Intraosseous Basivertebral Nerve Ablation \(L39644\)](#)
- [LCD: Thermal Destruction of the Intraosseous Basivertebral Nerve \(BVN\) for Vertebrogenic Lower Back Pain \(L39420\)](#)

When NCDs are not available, and LCDs are not available for the states in which Mass General Brigham Health Plan members seek care, Mass General Brigham Health Plan applies additional coverage criteria to clarify medical necessity of the requested service. Mass General Brigham Health Plan coverage criteria align with the latest clinical evidence and accepted standards of practice, without contradicting existing determinations, and enhance the clarity of medical necessity criteria, documentation requirements, and clinical indications. For members who do not seek care in the states covered by the LCDs above, Mass General Brigham Health Plan uses the criteria described in this policy to review requests for BVNA.

## Codes

**The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.**

Authorized Code	Code Description
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)



62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
64479	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level
64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64483	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level
64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic, single level
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)



64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral, single level
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral, second level (List separately)
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral, third and any additional level(s) (List separately)
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first two 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).

### Summary of Evidence

Intraosseous basivertebral nerve (BVN) ablation has emerged as a promising treatment for vertebrogenic chronic low back pain (CLBP). Fischgrund et al. (2018) conducted a prospective, randomized, double-blind, sham-controlled multicenter study demonstrating significant reductions in pain and improvements in function compared to sham procedures. Similarly, Khalil et al. (2019) confirmed these findings in a multicenter randomized study, highlighting sustained pain relief and functional improvements in patients unresponsive to conservative therapies. Koreckij et al. (2021) reported 24-month results, affirming the long-term efficacy and safety of BVN ablation. They reported sustained pain relief, improved physical function, and minimal complications, underscoring the durability of the procedure's benefits. Marcus et al. (2024) explored the use of BVN ablation in conjunction with lumbar laminotomy, showcasing its potential for complex cases requiring multimodal interventions. This case report highlights its utility in achieving pain relief while addressing concurrent spinal pathologies.

Sayed et al. (2022) published best practice guidelines from the American Society of Pain and Neuroscience (ASPN) for diagnosing and treating vertebrogenic pain using BVN ablation. These guidelines emphasize patient selection criteria, procedural techniques, and evidence-based approaches to optimize outcomes. Additionally, ASPN's broader evidence-based guidelines on interventional treatments for low back pain (Sayed et al., 2022) position BVN ablation as a key modality for managing vertebrogenic pain.

Intraosseous BVN ablation offers a minimally invasive, effective solution for chronic low back pain associated with vertebrogenic pathology. Robust evidence from clinical trials and long-term studies supports its efficacy and safety, while emerging guidelines provide a structured framework for its clinical application. The procedure represents a critical advancement in the interventional management of CLBP, with ongoing research expanding its potential applications. MGB Health Plan considers BVN ablation to be medically necessary for the treatment of chronic vertebrogenic pain who meet criteria based on those described in ASPN guidelines.

### Effective Dates

August 2025: Effective date. Combined former Epidural Steroid Injections medical policy #84 and former Basivertebral Nerve Ablation medical policy #76 and added medical necessity guidelines for facet joint injection.



Simplified description of customized InterQual® subset for Epidural Steroid Injections. Fixed typos. Added MassHealth variation information for BVNA.

## References

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Koreckij T, Kreiner S, Khalil JG, et al. Prospective, randomized, multicenter study of intraosseous basivertebral nerve ablation for the treatment of chronic low back pain: 24-month treatment arm results. *N Am Spine Soc J*. 2021 Oct 26;8:100089. <https://doi.org/10.1016/j.xnsj.2021.100089>.

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Marcus JL, Westerhaus BD, Chernicki B, et al. Basivertebral nerve ablation with concurrent lumbar laminotomy. *BMJ Case Reports CP*. 2024;17:e259695.

North American Spine Society (NASS). NASS Coverage Policy Recommendations: Facet Joint Interventions. 2016.

North American Spine Society (NASS), NASS Coverage Policy Recommendations: Epidural Steroid Injections and Selective Spinal Nerve Blocks. 2020.

Sayed D, Naidu RK, Patel KV, et al. Best practice guidelines on the diagnosis and treatment of vertebrogenic pain with basivertebral nerve ablation from the American Society of Pain and Neuroscience. *Journal of Pain Research*. 2022;15:2801–2819 <https://doi.org/10.2147/JPR.S378544>.

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