

Medical Policy

Interventional Pain Management of the Spine

Policy Number: 097

	Commercial and Qualified Health Plans	MassHealth	Medicare Advantage	OneCare	Senior Care Options (SCO)
Authorization Required	X	X	X (64628-9)	X (64628-9)	X (64628-9)
No Prior Authorization	X (62324-7)	X (62324-7)	X	X	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 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 and click the InterQual® Criteria Lookup link under the Resources Menu.

Criteria for BVNA

Medical necessity for BVNA is determined through InterQual® criteria which Mass General Brigham Health Plan has customized to allow the procedure for members 25 and older. These customized criteria can be found in the "neuroablation, percutaneous" subset by selecting the vertebroproliferative back pain pathway. To access the criteria, log into Mass General Brigham Health Plan's provider website at MassGeneralBrighamHealthPlan.org and click the InterQual® Criteria Lookup link under the Resources Menu.

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.

Medicare Variation

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for medical necessity 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 medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's policies are used for medical necessity 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.

MassHealth Variation

Mass General Brigham Health Plan uses guidance from MassHealth for medical necessity determinations for its Mass General Brigham ACO members. When there is no guidance from MassHealth for a requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations. **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.**

OneCare and SCO Variation

Mass General Brigham Health Plan uses guidance from CMS for medical necessity determinations for its OneCare and SCO plan members. NCDs, LCDs, LCAs, and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan uses medical necessity guidelines from MassHealth. When there is no guidance from CMS or MassHealth, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations.

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

January 2026: Ad hoc review. Updated prior authorization table and added variation for OneCare and SCO members.

October 2025: Ad hoc review. Replaced BVNA criteria and exclusions with reference to customized IQ subset.

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

Ashmore et al. Ultrasound-guided lumbar medial branch blocks and intra-articular facet joint injections: a systematic review and meta-analysis. *Pain Rep* 2022. 7(3):e1008.

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Manchikanti et al. An update of comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. *Pain Physician* 2013. 16(2 Suppl):S49-283.

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