



# MEDICAL POLICY STATEMENT

## Georgia Medicaid

PolicyName & Number	Date Effective
Intraosseous Basivertebral Nerve Ablation-GA MCD-MM-1303	06/01/2024

Pn.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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## H. References

1. Becker S, Hadjipavlou A, Heggeness MH. Ablation of the basivertebral nerve for treatment of back pain: a clinical study. *Spine J.* 2017;17(2):218-223. doi:10.1016/j.spinee.2016.08.032
2. *Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care: Diagnosis and Treatment of Low Back Pain.* North American Spine Society; 2020. Accessed January 19, 2024. www.spine.org
3. Evolving Evidence Review: In0.00000912 0 612 792 re1( )] TJETQ0.0000091261.29 599.112 0 612

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

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